

**Appendix A**  
**Chemical Inventories**



Mindigo &  
Associates  
Environmental  
Consultants

## Transmittal

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January 22, 2004

Dan Hernandez  
Toxichem  
1461 Newport Avenue  
San Jose, CA 95125

Reference: **1494 California Circle**

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### Description:

#### Hazardous Materials Business Plans

##### Milpitas

1551 California Circle  
1210 California Circle

✓  
✓ Chevron  
eCycle

##### Fremont

49235 Milmont Drive  
49000 Milmont Drive

D&H Manufacturing  
Xoft microTube

### Comments:

These are the plans provided to me by the Fire Marshals' offices in Milpitas and Fremont for the area within 1,000 feet of the project site and the businesses on the southerly side of Fremont.

Should you have any questions, please call.

By:

cc: Wayne Okubo



**Mindigo &  
Associates**  
Environmental  
Consultants

January 22, 2004

Patricia Joki  
Milpitas Fire Department  
455 E. Calaveras Boulevard  
Milpitas, CA 95035

Dear Patti:

Reference: **1494 California Circle**

We are assisting Toxichem in the preparation of the Risk Assessment for the Conditional Use Permit application at 1494 California Circle. The enclosed map shows the project site and the businesses within 1,000 feet. Please review your files and provide us with a copy of the Hazardous Materials Business Plan for the following businesses if they have one on file.

✓ 1210 California Circle	Recycle
✓ 1331 California Circle	Artesyn
✓ 1355 California Circle	Credence
✓ 1421 California Circle	Credence
✓ 1521 California Circle	GINIX
✓ 1533 California Circle	Toolwire
✓ 1533 California Circle	Statex
✓ 1551 California Circle	Chevron
✓ 1524 California Circle	Magtron
✓ 1600 California Circle	Magtron
✓ 411 Dixon Landing Road	Cetecom
✓ 423 Dixon Landing Road	Cetecom
✓ 431 Dixon Landing Road	AGILYSYS

Thank you for your assistance; and should you have any questions, please call.

Sincerely,

**Mindigo & Associates**

Richard P. Mindigo

rpm/lbq

Enclosure

cc: Wayne Okubo (w/encl)  
Dan Hernandez (w/encl)

# Non-Waste Hazardous Materials Inventory Statement

For Use By All Jurisdictions Within the County of Santa Clara

Site Address: 1551 California Circle - Milpitas, Ca 95035

Date: 06/12/03

1.	2.	3.	4.	5.	6.	7.			8.	9.	10.			11.	12.	
Hazard Class	LC	Common/Trade Name	Chemical Name Components & Concentration	Chemical Abstract Service No.	Physical State	Quantity Stored			Units	Days On Site	Storage Codes			SARA Hazard Class(es)	IW	
						Max.	Average	Lgst. Cont.			Cont. Type(s)	Pressure	Temp.			
FL		Gasoline Unleaded	<input type="checkbox"/> Same as Column 3.		<input checked="" type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	35K	15K	10K	20K	<input checked="" type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> $\mu$ cur.	365	B	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	<input checked="" type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input checked="" type="checkbox"/> immediate <input type="checkbox"/> delayed	<input type="checkbox"/>
		* 2 TANKS 20K - UL 15K - SUL	<input type="checkbox"/> Same as Column 3.		<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> $\mu$ cur.			<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed	
			<input type="checkbox"/> Same as Column 3.		<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> $\mu$ cur.			<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed	<input type="checkbox"/>
			<input type="checkbox"/> Same as Column 3.		<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> $\mu$ cur.			<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed	<input type="checkbox"/>
			<input type="checkbox"/> Same as Column 3.		<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> $\mu$ cur.			<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed	<input type="checkbox"/>
			<input type="checkbox"/> Same as Column 3.		<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> $\mu$ cur.			<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed	<input type="checkbox"/>
			<input type="checkbox"/> Same as Column 3.		<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> $\mu$ cur.			<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed	<input type="checkbox"/>
			<input type="checkbox"/> Same as Column 3.		<input type="checkbox"/> pure <input type="checkbox"/> mixture <input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas					<input type="checkbox"/> gal. <input type="checkbox"/> lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> $\mu$ cur.			<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input type="checkbox"/> delayed	<input type="checkbox"/>

# Emergency Response/Contingency Plan

(Hazardous Materials Business Plan Module)

Authority Cited: H&SC, Section 25504(b); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

All facilities which handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities which generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). If you already have a plan which meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials which could threaten human health and/or the environment. At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Within Santa Clara County, hospitals and police agencies have delegated receipt of these plans to the local agencies administering Hazardous Materials Business Plans, so additional copies need not be submitted. However, a copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made (see section 3, below).

## 1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility (check all which apply):

☒ Bells; ☒ Horns/Sirens; ☒ Verbal (i.e. shouting); ☐ Other (specify) \_\_\_\_\_

b. ☐ Evacuation map is prominently displayed throughout the facility.

Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing which shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

## 2. a. Emergency Contacts\*:

Fire/Police/Ambulance ..... Phone No. 911  
State Office of Emergency Services ..... Phone No. (800) 852-7550

## b. Post-Incident Contacts\*:

Fire Department Hazardous Materials Program ..... Phone No.: ( ) \_\_\_\_\_  
Santa Clara County Hazardous Materials Compliance Division ..... Phone No. (408) 299-6930  
California EPA Department of Toxic Substances Control ..... Phone No. (510) 540-3739  
Cal-OSHA Division of Occupational Safety and Health ..... Phone No. (415) 557-1677  
Bay Area Air Quality Management District ..... Phone No. (415) 771-6000  
Regional Water Quality Control Board ..... Phone No. (510) 286-1255

\* These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.

## c. Emergency Resources:

Poison Control Center ..... Phone No. (800) 876-4766  
Nearest Hospital: Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_

## 3. Arrangements With Emergency Responders:

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below:

## Emergency Response/Contingency Plan

### 4. Emergency Procedures:

#### Emergency Coordinator Responsibilities:

- a. Whenever there is an imminent or actual emergency situation such as a explosion, fire, or release, the emergency coordinator (or his/her designee when the emergency coordinator is on call) shall:
  - i. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
  - ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.).
  - iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
  - iv. Notify appropriate local authorities (i.e. call 911).
  - v. Notify the State Office of Emergency Services at 1-800-852-7550.
  - vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
  - vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
  - i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from a explosion, fire, or release at the facility.
  - ii. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
  - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
  - iv. Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above.

#### Responsibilities of Other Personnel:

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

### 5. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident which triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program. The report shall include:

- a. Name, address, and telephone number of the facility's owner/operator;
- b. Name, address, and telephone number of the facility;
- c. Date, time, and type of incident (e.g. fire, explosion, etc.);
- d. Name and quantity of material(s) involved;
- e. The extent of injuries, if any;
- f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
- g. Estimated quantity and disposition of recovered material that resulted from the incident;
- h. Cause(es) of the incident;
- i. Actions taken in response to the incident;
- j. Administrative or engineering controls designed to prevent such incidents in the future.

# Emergency Response/Contingency Plan

## 6. Emergency Equipment:

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(3)] and the Hazardous Materials Storage Ordinance require that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits (describe)		
	<input type="checkbox"/> Face Shields		
	<input type="checkbox"/> First Aid Kits/Stations (describe)		
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type)		
	<input type="checkbox"/> Respirator Cartridges (describe)		
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles	Cashiers Area	
	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
	<input type="checkbox"/> Other (describe)		
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguisher Systems (describe)		
	<input type="checkbox"/> Other (describe)		
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (describe)		
	<input type="checkbox"/> Berms/Dikes (describe)		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Emergency Tanks (describe)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (describe)		
	<input type="checkbox"/> Neutralizers (describe)		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (describe)		
	<input type="checkbox"/> Other (describe)		
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (describe)		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input type="checkbox"/> Telephones		
	<input checked="" type="checkbox"/> Underground Tank Leak Detection Monitors	Back room / cashier area audible alarm.	
Additional Equipment (Use Additional Pages if Needed.)	<input type="checkbox"/> Other (describe)		

\* Use the Location Codes (LC) from the Storage Map(s) prepared earlier for your HMBP.

\*\* Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

## Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited: H&SC, Section 25504(c); 22 CCR, Section 66265.16

All facilities which handle hazardous materials must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. If you already have a training plan, you are not required to complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.

Check all boxes which apply. [Note: Items marked with an asterisk (\*) are required.]:

1. Personnel are trained in the following procedures:

<input checked="" type="checkbox"/>	Internal alarm/notification *
<input checked="" type="checkbox"/>	Evacuation/re-entry procedures & assembly point locations*
<input checked="" type="checkbox"/>	Emergency incident reporting
<input checked="" type="checkbox"/>	External emergency response organization notification
<input checked="" type="checkbox"/>	Location(s) and contents of Emergency Response/Contingency Plan
<input type="checkbox"/>	Facility evacuation drills, which are conducted at least (specify) _____ (e.g. "Quarterly", etc.)

2. Chemical Handlers are additionally trained in the following:

<input checked="" type="checkbox"/>	Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/>	Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/>	Spill procedures/emergency procedures
<input checked="" type="checkbox"/>	Proper use of personal protective equipment *
<input checked="" type="checkbox"/>	Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption) *
<input checked="" type="checkbox"/>	Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.) *

3. Emergency Response Team Members are capable of and engaged in the following:

<input type="checkbox"/>	Personnel rescue procedures
<input checked="" type="checkbox"/>	Shutdown of operations
<input checked="" type="checkbox"/>	Liaison with responding agencies
<input checked="" type="checkbox"/>	Use, maintenance, and replacement of emergency response equipment
<input checked="" type="checkbox"/>	Refresher training, which is provided at least annually *
<input type="checkbox"/>	Emergency response drills, which are conducted at least (specify) _____ (e.g. "Quarterly", etc.)



**Recordkeeping**  
(Hazardous Materials Business Plan Module)

All facilities which handle hazardous materials must maintain records associated with their management. A summary of your recordkeeping procedures is a required module of the Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. If you already have a brief written description of your hazardous materials recordkeeping systems which addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.

Check all boxes which apply. The following records are maintained at the facility. [Note: Items marked with an asterisk (\*) are required.]:

<input checked="" type="checkbox"/>	Current employees' training records (to be retained until closure of the facility) *
<input checked="" type="checkbox"/>	Former employees' training records (to be retained at least three years after termination of employment) *
<input checked="" type="checkbox"/>	Training Program(s) (i.e. written description of introductory and continuing training) *
<input checked="" type="checkbox"/>	Current copy of this Emergency Response/Contingency Plan *
<input checked="" type="checkbox"/>	Record of recordable/reportable hazardous material/waste releases *
<input checked="" type="checkbox"/>	Record of hazardous material/waste storage area inspections *
<input checked="" type="checkbox"/>	Record of hazardous waste tank daily inspections *
<input type="checkbox"/>	Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

Per the Hazardous Materials Storage Ordinance, a sample copy of each Inspection Check Sheet or Log used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. (Exception: Attached, you will find a Hazardous Materials/Waste Storage Area Inspection Form which you may use if you do not already have your own form. If you indicate that you use the example provided, you do not need to attach a copy.)

Check the appropriate box:

<input checked="" type="checkbox"/>	We will use the "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input type="checkbox"/>	We will use our own documents to record inspections. (A blank copy of each document used must be attached to this HMBP.)

**UNIFIED PROGRAM CONSOLIDATED FORM  
FACILITY INFORMATION  
BUSINESS ACTIVITIES**

1210 California Circle

Page 1 of \_\_\_\_

**I. FACILITY IDENTIFICATION**

FACILITY ID # (Agency Use Only)	EPA ID # (Hazardous Waste Only)
------------------------------------	---------------------------------

BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)

*eCycle, Inc*

**II. ACTIVITIES DECLARATION**

**NOTE: If you check YES to any part of this list,  
please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility...

If Yes, please complete these pages of the UPCF...

**A. HAZARDOUS MATERIALS**

Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?

☒ YES ☒ NO 4.

HAZARDOUS MATERIALS INVENTORY  
- CHEMICAL DESCRIPTION (OES 2731)

**B. UNDERGROUND STORAGE TANKS (USTs)**

1. Own or operate underground storage tanks?
2. Intend to upgrade existing or install new USTs?
3. Need to report closing a UST?

☐ YES ☒ NO 5.  
☐ YES ☒ NO 6.  
☐ YES ☒ NO 7.

UST FACILITY (Formerly SWRCB Form A)  
UST TANK (one page per tank) (Formerly Form B)  
UST FACILITY  
UST TANK (one per tank)  
UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)  
UST TANK (closure portion - one page per tank)

**C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)**

Own or operate ASTs above these thresholds:  
---any tank capacity is greater than 660 gallons, or  
---the total capacity for the facility is greater than 1,320 gallons?

☐ YES ☒ NO 8.

NO FORM REQUIRED TO CUPAS

**D. HAZARDOUS WASTE**

1. Generate hazardous waste?
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?
3. Treat hazardous waste on site?
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?
5. Consolidate hazardous waste generated at a remote site?
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?

☐ YES ☒ NO 9.  
☐ YES ☒ NO 10.  
☐ YES ☒ NO 11.  
☐ YES ☒ NO 12.  
☐ YES ☒ NO 13.  
☐ YES ☒ NO 14.

EPA ID NUMBER - provide at the top of this page  
RECYCLABLE MATERIALS REPORT (one per recycler)  
ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)  
ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)  
CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)  
REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)  
HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

**E. LOCAL REQUIREMENTS**

(You may also be required to provide additional information by your CUPA or local agency.)

15.

Date: 7/17/2003

## Non-Waste Hazardous Materials Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Business Name: (Same as Facility Name or DBA) <b>eCycle Inc</b>						Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page ____ of ____ (One page per building or area)				
Chemical Location: (Building/Storage Area) <b>Packaging</b>				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No		Facility ID # (Agency Use Only)								
1. Haz. Class	2. Map and Grid or Location Code	3. Common Name	4. Hazardous Components (For mixtures only)			5. Type and Physical State	6. Quantities			7. Units	8. Storage Codes		9. Hazard Category	
			Chemical Name	% Wt.	EHS	CAS No.	Max. Daily	Average Daily	Largest Cont.		Storage Pressure	Storage Temp.		
		COMPONENT "A"	POLYMERIC ISOCYANATE		<input type="checkbox"/>		<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	110	100	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS Instapak			<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive) Days On Site: 365	Storage Container: D					
		COMPONENT "B"	POLYURETHANE FORM RESIN		<input type="checkbox"/>		<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture	110	100	55	<input checked="" type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input checked="" type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive) Days On Site: 365	Storage Container: D					
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive) Days On Site:	Storage Container:					
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive) Days On Site:	Storage Container:					
					<input type="checkbox"/>		<input type="checkbox"/> pure <input type="checkbox"/> mixture				<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure release <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive
		CAS No.: <input type="checkbox"/> EHS			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive) Days On Site:	Storage Container:					

* Code Storage Type	Code Storage Type	Code Storage Type	Code Storage Type	Code Storage Type	Code Storage Type
A Aboveground Tank	D Steel Drum	G Carboy	J Bag	M Glass Bottle or Jug	P Tank Wagon
B Belowground Tank	E Plastic/Non-metallic Drum	H Silo	K Box	N Plastic Bottle or Jug	Q Rail Car
C Tank Inside Building	F Can	I Fiber Drum	L Cylinder	O Tote Bin	R Other

If EPCRA, sign below:

# Hazardous Waste Inventory Statement

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

Date: 7/17/2003

Business Name: <u>eCycle Inc</u> (Same as Facility Name or DBA)										Type of Report on This Page: <input type="checkbox"/> Add; <input type="checkbox"/> Delete; <input type="checkbox"/> Revise				Page <u>    </u> of <u>    </u> (One page per building or area)		
Chemical Location: <u>Packaging</u> (Building/Storage Area)				EPCRA Confidential Location? <input type="checkbox"/> Yes; <input type="checkbox"/> No Trade Secret Information? <input type="checkbox"/> Yes; <input type="checkbox"/> No				Facility ID # (Agency Use Only)								
1.	2.	3.	4. Hazardous Components				5.	6. Quantities			7.	8.	9. Storage Codes		10.	
Haz. Class	Map and Grid or Location Code	Waste Stream Name	Chemical Name	% Wt.	EHS	CAS No.	Type and Physical State	Max. Daily	Average Daily	Largest Cont.	Annual Waste Amount	Units	Storage Pressure	Storage Temp.	Hazard Category	
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure <input type="checkbox"/> acute hea. <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site	N/A		<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:					
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure releas <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:					
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure releas <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:					
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure releas <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:					
					<input type="checkbox"/>		<input checked="" type="checkbox"/> waste					<input type="checkbox"/> gallons <input type="checkbox"/> pounds <input type="checkbox"/> cu. feet <input type="checkbox"/> tons	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> ambient <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryogenic	<input type="checkbox"/> fire <input type="checkbox"/> reactive <input type="checkbox"/> pressure releas <input type="checkbox"/> acute health <input type="checkbox"/> chronic health <input type="checkbox"/> radioactive	
		Management Method: <input type="checkbox"/> Shipped Off-site <input type="checkbox"/> Recycled On-site <input type="checkbox"/> Treated On-site			<input type="checkbox"/>		<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas	Curies: (If radioactive)	Days On Site:	Storage Container:*	State Waste Code:					

\* Code Storage Type      Code Storage Type      Code Storage Type      Code Storage Type      Code Storage Type      Code Storage Type

A Aboveground Tank      D Steel Drum      G Carboy      J Bag      M Glass Bottle or Jug      P Tank Wagon

B Belowground Tank      E Plastic/Nonmetallic Drum      H Silo      K Box      N Plastic Bottle or Jug      Q Rail Car

C Tank Inside Building      F Can      I Fiber Drum      L Cylinder      O Tote Bin      R Other

If EPCRA, sign below:

# Emergency Response/Contingency Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(b); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page \_\_\_\_ of \_\_\_\_

All facilities that handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Within Santa Clara County, hospitals and police agencies have delegated receipt of these plans to the local agencies administering Hazardous Materials Business Plans, so additional copies need not be submitted. However, a copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made (see section 3, below).

## 1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility (check all that apply):

☐ Bells; ☒ Horns/Sirens; ☐ Verbal (i.e. shouting); ☒ Other (specify) paging system

b. ☒ Evacuation map is prominently displayed throughout the facility.

Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

## 2. a. Emergency Contacts\*:

Fire/Police/Ambulance ..... Phone No. 911  
State Office of Emergency Services ..... Phone No. (800) 852-7550

## b. Post-Incident Contacts\*:

Fire Department Hazardous Materials Program ..... Phone No.: (\_\_\_\_) \_\_\_\_\_  
Santa Clara County Hazardous Materials Compliance Division ..... Phone No. (408) 918-3400  
California EPA Department of Toxic Substances Control ..... Phone No. (510) 540-3739  
Cal-OSHA Division of Occupational Safety and Health ..... Phone No. (408) 452-7288  
Air Quality Management District ..... Phone No. (415) 771-6000  
Regional Water Quality Control Board ..... Phone No. (510) 622-2300

\* These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.

## c. Emergency Resources:

Poison Control Center ..... Phone No. (800) 876-4766  
Nearest Hospital: Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_

## 3. Arrangements With Emergency Responders:

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

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**4. Emergency Procedures:****Emergency Coordinator Responsibilities:**

- a. Whenever there is an imminent or actual emergency situation such as a explosion, fire, or release, the emergency coordinator (or his/her designee when the emergency coordinator is on call) shall:
  - i. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
  - ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (*e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.*).
  - iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
  - iv. Notify appropriate local authorities (*i.e. call 911*).
  - v. Notify the State Office of Emergency Services at 1-800-852-7550.
  - vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
  - vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
  - i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from a explosion, fire, or release at the facility.
  - ii. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
  - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
  - iv. Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above.

**Responsibilities of Other Personnel:**

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

**5. Post-Incident Reporting/Recording:**

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program. The report shall include:

- a. Name, address, and telephone number of the facility's owner/operator;
- b. Name, address, and telephone number of the facility;
- c. Date, time, and type of incident (*e.g. fire, explosion, etc.*);
- d. Name and quantity of material(s) involved;
- e. The extent of injuries, if any;
- f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
- g. Estimated quantity and disposition of recovered material that resulted from the incident;
- h. Cause(es) of the incident;
- i. Actions taken in response to the incident;
- j. Administrative or engineering controls designed to prevent such incidents in the future.

**6. Earthquake Vulnerability: [19 CCR §2731(e)]**

Identify any areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake-related ground motion:

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## 7. Emergency Equipment:

22 CCR §66265.52(e) [as referenced by 22 CCR §66262.34(a)(4)] and the Hazardous Materials Storage Ordinance require that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment ( <i>describe</i> )		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits ( <i>describe</i> )		
	<input type="checkbox"/> Face Shields		
	<input checked="" type="checkbox"/> First Aid Kits/Stations ( <i>describe</i> )	W	
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input checked="" type="checkbox"/> Portable Eye Wash Kits ( <i>i.e. bottle type</i> )		
	<input type="checkbox"/> Respirator Cartridges ( <i>describe</i> )		
	<input type="checkbox"/> Safety Glasses/Splash Goggles		
	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
<input type="checkbox"/> Other ( <i>describe</i> )			
Fire Extinguishing Systems	<input checked="" type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguisher Systems ( <i>describe</i> )		
	<input type="checkbox"/> Other ( <i>describe</i> )		
Spill Control Equipment and Decontamination Equipment	<input type="checkbox"/> Absorbents ( <i>describe</i> )		
	<input type="checkbox"/> Berms/Dikes ( <i>describe</i> )		
	<input type="checkbox"/> Decontamination Equipment ( <i>describe</i> )		
	<input type="checkbox"/> Emergency Tanks ( <i>describe</i> )		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits ( <i>describe</i> )		
	<input type="checkbox"/> Neutralizers ( <i>describe</i> )		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps ( <i>describe</i> )		
<input type="checkbox"/> Other ( <i>describe</i> )			
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms ( <i>describe</i> )		
	<input checked="" type="checkbox"/> Intercoms/ PA Systems		
	<input checked="" type="checkbox"/> Portable Radios		
	<input checked="" type="checkbox"/> Telephones		
	<input type="checkbox"/> Underground Tank Leak Detection Monitors		
Additional Equipment (Use Additional Pages if Needed.)	<input type="checkbox"/> Other ( <i>describe</i> )		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

\* Use the map and grid numbers from the Storage Map prepared earlier for your HMBP.

\*\* Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

# Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(c); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page \_\_\_\_ of \_\_\_\_

All facilities that handle hazardous materials must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. **If you already have a brief written description of your training program that addresses all subjects covered below, you are not required to complete the blank plan, below, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. [Note: Items marked with an asterisk (\*) are required.]:

## 1. Personnel are trained in the following procedures:

<input checked="" type="checkbox"/>	Internal alarm/notification *
<input type="checkbox"/>	Evacuation/re-entry procedures & assembly point locations*
<input checked="" type="checkbox"/>	Emergency incident reporting
<input checked="" type="checkbox"/>	External emergency response organization notification
<input type="checkbox"/>	Location(s) and contents of Emergency Response/Contingency Plan
<input type="checkbox"/>	Facility evacuation drills, that are conducted at least (specify) _____ (e.g. "Quarterly", etc.)

## 2. Chemical Handlers are additionally trained in the following:

<input type="checkbox"/>	Safe methods for handling and storage of hazardous materials *
<input type="checkbox"/>	Location(s) and proper use of fire and spill control equipment
<input type="checkbox"/>	Spill procedures/emergency procedures
<input type="checkbox"/>	Proper use of personal protective equipment *
<input type="checkbox"/>	Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption) *
<input type="checkbox"/>	Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.) *

## 3. Emergency Response Team Members are capable of and engaged in the following:

<input type="checkbox"/>	Personnel rescue procedures
<input type="checkbox"/>	Shutdown of operations
<input type="checkbox"/>	Liaison with responding agencies
<input type="checkbox"/>	Use, maintenance, and replacement of emergency response equipment
<input type="checkbox"/>	Refresher training, which is provided at least annually *
<input type="checkbox"/>	Emergency response drills, which are conducted at least (specify) _____ (e.g. "Quarterly", etc.)



**Record Keeping**  
(Hazardous Materials Business Plan Module)

Page \_\_\_\_ of \_\_\_\_

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your recordkeeping procedures is a required module of the Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials recordkeeping systems that addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. *[Note: Items marked with an asterisk (\*) are required.]*:

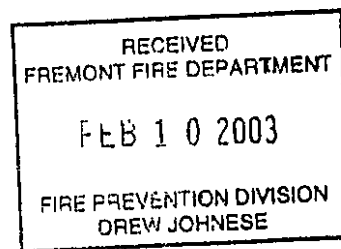
<input type="checkbox"/>	Current employees' training records <i>(to be retained until closure of the facility)</i> *
<input type="checkbox"/>	Former employees' training records <i>(to be retained at least three years after termination of employment)</i> *
<input type="checkbox"/>	Training Program(s) <i>(i.e. written description of introductory and continuing training)</i> *
<input type="checkbox"/>	Current copy of this Emergency Response/Contingency Plan *
<input type="checkbox"/>	Record of recordable/reportable hazardous material/waste releases *
<input type="checkbox"/>	Record of hazardous material/waste storage area inspections *
<input type="checkbox"/>	Record of hazardous waste tank daily inspections *
<input type="checkbox"/>	Description and documentation of facility emergency response drills

*Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.*

**A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP.** *(Exception: Available from your local agency is a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the example provided, you do not need to attach a copy.)*

Check the appropriate box:

<input type="checkbox"/>	We will use the Unidocs "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input type="checkbox"/>	We will use our own documents to record inspections. <i>(A blank copy of each document used must be attached to this HMBP.)</i>



## Hazardous Materials Plan Recertification Statement

Facility Name: D&H MFG CO. Address: 49235 MILMONT DRIVE, FREMONT

*Before March 1<sup>st</sup> of each year, the entire Hazardous Materials Plan and inventory must be reviewed by the facility owner or officially designated representative to determine if any revisions are needed. If the plan needs to be revised, a complete signed copy must be submitted to the Fremont Fire Department Hazardous Materials Unit.*

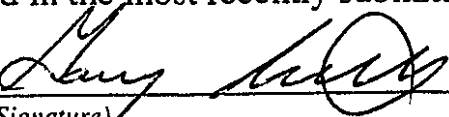
*Title 19, CCR, Section 2729.5(a)(2) states that if no change in an inventory has occurred, a business subject to the hazardous materials reporting requirements may comply with the annual inventory reporting requirements by submitting a certification statement if all the following apply and the business owner or officially designated representative signs and attests to these statements:*

- 1) The information contained in the hazardous materials inventory most recently submitted to the Department is complete, accurate, and up-to-date.*
- 2) There has been no change in the quantity of hazardous materials reported in the most recently submitted inventory.*
- 3) No hazardous materials subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.*

*The certifying party should be aware that a Hazardous Materials Plan may not be valid if it is not plainly marked "accepted" and signed by a representative of the Fremont Fire Department Hazardous Materials Unit.*

### Certification

I hereby certify under penalty of law that I have reviewed the information contained in the Hazardous Materials Plan most recently submitted for this facility and that all the information therein is true and correct to the best of my knowledge. Further, the information contained in the hazardous materials inventory is complete, accurate, and up-to-date; there has been no change in the quantity of hazardous materials, nor are there any materials subject to inventory requirements being handled that were not listed in the most recently submitted inventory.

By:  Title: Dir of Technology  
(Signature)

Name: GARY WILLS Date: 1-27-03  
(Please Print)

UNIFIED PROGRAM CONSOLIDATED FORM  
FREMONT FIRE DEPARTMENT  
BUSINESS OWNER/OPERATOR IDENTIFICATION

UPDATE  
RANGE 3  
HW GEN.

I. IDENTIFICATION

FACILITY ID#	010003000262	BEGINNING DATE	10095
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	D & H MANUFACTURING	BUSINESS PHONE	510-770-5100
BUSINESS SITE ADDRESS	49235 MILMONT DR.		
CITY	FREMONT	CA	ZIP CODE 94538
DUN & BRADSTREET	00-917-4822	SIC CODE (4 digit #)	3490
COUNTY	ALAMEDA		
BUSINESS OPERATOR NAME	DAVE LOUDERMILK	BUSINESS OPERATOR PHONE	510-770-5100 X255

II. BUSINESS OWNER

OWNER NAME	RICHARD L. WILIS & DONNA M. WILIS	OWNER PHONE	408-252-7796
OWNER MAILING ADDRESS	12091 PARKER RANCH RD.		
CITY	SARATOGA	CA	ZIP CODE 95070

III. ENVIRONMENTAL CONTACT

CONTACT NAME	EMERY MANN	CONTACT PHONE	510 770 5100
CONTACT MAILING ADDRESS	49235 MILMONT DR.		
CITY	FREMONT	CA	ZIP CODE 94538

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	EMERY MANN	NAME	PAUL HARRIS
TITLE	MANUFACTURING ENGR.	TITLE	SENIOR MANUF. ENGR.
BUSINESS PHONE	510 770 5100 X269	BUSINESS PHONE	510 770 5100 X236
24-HOUR PHONE	925-918-0306	24-HOUR PHONE	
PAGER #		PAGER #	

ADDITIONAL LOCALLY COLLECTED INFORMATION

- ( ) check here if this form is the annual submittal pursuant to Federal EPRCA requirements  
(X) check here if this form is accompanied by new or modified Hazardous Materials Inventory-Chemical Description page(s)  
(X) check here if this form is accompanied by a new or modified Business Activity form

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE 10/02/01	NAME OF DOCUMENT PREPARER
NAME OF SIGNER (print)	TITLE OF SIGNER	
ALGM	D.R. OF MFG.	

ACCEPTABLE TO  
FREMONT FIRE DEPT.  
BY D. J. JAMES  
DATE 10/4/01

**UNIFIED PROGRAM CONSOLIDATED FORM  
FREMONT FIRE DEPARTMENT  
BUSINESS ACTIVITIES FORM**

**I. FACILITY IDENTIFICATION**

Page 1 of

FACILITY ID # 010003000262 EPA ID # (Hazardous Waste Only) CAL 000130070

BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)

**D & H MANUFACTURING**

**II. ACTIVITIES DECLARATION**

**NOTE: If you check YES to any part of this list,  
please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility...

If Yes, please complete these pages of the UPCF...

**A. HAZARDOUS MATERIALS**

Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs);  
or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B;  
or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?

☒ YES ☐ NO 4A

☐ YES ☒ NO 4B

☐ YES ☒ NO 4C

**HAZARDOUS MATERIALS INVENTORY**  
- (OES 2731)

**FACILITY IS SUBJECT TO CAL-ARP**  
A RMP meeting State and Federal requirements shall be submitted to the ACDEH

Submit copy of ER Plan to ACDEH

**B. UNDERGROUND STORAGE TANKS (USTs)**

- Own or operate underground storage tanks?
- Intend to upgrade existing or install new USTs?

☐ YES ☒ NO 5

☐ YES ☒ NO 6

☐ YES ☒ NO 7

**UST FACILITY** (Formerly SWRCB Form A)  
**UST TANK** (one page per tank) (Formerly Form B)  
**UST FACILITY**  
**UST TANK** (one per tank)  
**UST INSTALLATION - CERTIFICATE OF COMPLIANCE** (one page per tank) (Formerly Form C)

**UST TANK** (closure portion -one page per tank)

**C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)**

Own or operate ASTs above these thresholds:  
—any tank capacity is greater than 660 gallons, or  
—the total capacity for the facility is greater than 1,320 gallons?

☐ YES ☒ NO 8

**NO FORM REQUIRED TO CUPAs**

**D. HAZARDOUS WASTE**

- Generate hazardous waste?
- Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?
- Treat hazardous waste on site?
- Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?
- Consolidate hazardous waste generated at a remote site?
- Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?

☒ YES ☐ NO 9

☐ YES ☒ NO 10

☐ YES ☒ NO 11

☐ YES ☒ NO 12

☐ YES ☒ NO 13

☐ YES ☒ NO 14

☐ YES ☒ NO 15

☐ YES ☒ NO 16

Contact ACDEH- HMBP may be required

**RECYCLABLE MATERIALS REPORT** (one per recycler)

**ONSITE HAZARDOUS WASTE TREATMENT - FACILITY** (Formerly DTSC Forms 1772)  
**ONSITE HAZARDOUS WASTE TREATMENT - UNIT** (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)

**CERTIFICATION OF FINANCIAL ASSURANCE** (Formerly DTSC Form 1232)

**REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION** (Formerly DTSC Form 1196)

**HAZARDOUS WASTE TANK CLOSURE CERTIFICATION** (Formerly DTSC Form 1249)

**E. LOCAL REQUIREMENTS**

- Annual submittal pursuant to Federal EPCRA requirements?
- Is the property owned by an entity other than the business owner?

**BUSINESS OWNER/OPERATOR** (OES 2730)  
**HAZARDOUS MATERIALS INVENTORY/**  
**CHEMICAL DESCRIPTION** (OES 2731)  
**PROPERTY OWNER IDENTIFICATION FORM**

## ATTACHMENT TO THE BUSINESS OWNER/OPERATOR UNIFIED PROGRAM CONSOLIDATED FORM

FREMONT FIRE DEPARTMENT  
PROPERTY OWNER IDENTIFICATION FORM

## SITE IDENTIFICATION

FACILITY ID#	010003000262	FILING DATE OF THIS FORM
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	D+H MANUFACTURING	BUSINESS PHONE 510-770-5100
BUSINESS SITE ADDRESS 49235 MILMONT DR.		
CITY FREMONT	CA	ZIP CODE 94538

## PROPERTY OWNER

OWNER NAME (USE CORPORATE NAME, IF APPLICABLE, AND COMPLETE CONTACT SECTION) RICHARD L. WILLS + DONNA M. WILLS	OWNER PHONE 408-252-7796	
OWNER MAILING ADDRESS 12091 PARKER RANCH RD.		
CITY SARATOGA	STATE CA	ZIP CODE 95070

## PROPERTY OWNER CONTACT (FOR CORPORATIONS)

CONTACT NAME RICHARD L. WILLS + DONNA M. WILLS	CONTACT PHONE 510 770 5100 X 229	
CONTACT MAILING ADDRESS 49235 MILMONT DR.		
CITY FREMONT	STATE CA	ZIP CODE 94538

## PROPERTY OWNER EMERGENCY CONTACT

NAME GARY WILLS
TITLE DIRECTOR OF TECHNOLOGY
BUSINESS PHONE 510-770-5100
24-HOUR PHONE
PAGER #

Please use this form to report property ownership (and property management contacts, if applicable) for the database. This form need only be completed on the first HMBP submittal, when property ownership or property management changes, or upon special request by this Department.

Certified Unified Hazardous Waste Agency  
**Fremont Fire Department**  
**39100 Liberty Street**  
**Fremont, CA 94538**

# **MATERIALS** **Inventory Statement**

Spread Sheet Version of OES form 2731

*Fill out separate pages for each storage/use area*

Address:

Facility ID# 009-

Date: Page of

Area Name:

Hazard Class Use Codes below (210 & 212)	Common Name Or Trade Mixture (207)	Chemical Name (if Trade Secret, see instruction sheet for additional requirements) (205, 226)	C.A.S. # (228)	EHS? Y or N (228, 224)	Pure or Mixture?	Solid, Liquid or Gas?	Federal Haz Cat Use codes below	Days on Site (222)	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs., Gal., or Cu. Ft. (221)	Storage Container Use codes below	Storage Pressure Use codes below	Storage Temp. Use codes below	NFPA 704(m) Hazard Warning		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
PG/URZ	ACETYLENE	ACETYLENE	74-86-2	Y	P	G	F,P	365	145	145	145	CF	CY	C	A	1	4	2
OHH	BLASOCUT	BLASOCUT 200 MINERAL OIL	8012-95-1	N	M	L	—	365	55	170	110	GA	SD	A	A	1	1	0
OXY	OXYGEN	OXYGEN	7782-44-7	N	P	G	PF	365	154	154	154	LF	CY	G	A	0	0	1
OHH	PERCHLOROTHYIENE	TETRACHLOROTHYIENE	127-18-4	N	P	L	C	365	55	110	55	GA	SD	A	A	2	0	0
FL	ISOPROPANOL	ISOPROPYL ALCOHOL	67-63-0	N	M	L	F	365	55	110	55	GA	SD	A	A	1	3	0
CL	ACCUFLO DM68	OIL	*	N	M	L	—	365	55	110	55	GA	SD	A	A	0	0	0
CL	SCHAFER 10W oil	ZINC DIALKYL DITHIOPHOSPHATE	*	N	M	L	—	365	55	110	55	GA	SD	A	A	1	0	0
OHH	ABZOL VG	BROMOPROPANE	106-94-5	N	M	L	C	365	55	110	55	GA	SD	G	A	2	1	0
NFG	HELIUM	HELIUM	7440-59-1	N	P	G		365	291	600	291	CF	CY	G	A	1	0	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR=pyrophoric; CDY=eryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic  
 Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard  
 Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; PL=pail; TB=tote bin; TW=tank wagon; RC=rail car Columns 15 & 16 (223 & 224): A=ambient; G=greater; L=lower

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR=pyrophoric; CDY=cryogenic; COR=corrosive; RAD=radioactive; IRR=irritant; OH1=other health hazard; TOX=toxic; HTOX=highly toxic  
Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard  
Column 14 (223): A1=aboveground tank; U1=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; PL=pail; TB=tote bin; TW=tank wagon; RC=rail car Columns 15 & 16 (223 & 224): A=ambient; G=greater; L=lower

## Employee Training Plan

facilities which handle hazardous materials must have a written employee training plan. The form below is provided if you do not already have such a plan; if you already have a training plan, you may attach it instead.

Check all boxes that apply. **NOTE:** Items marked with an asterisk (\*) are required.

Personnel are trained in the following procedures:

<input checked="" type="checkbox"/> Internal alarm/notification *
<input checked="" type="checkbox"/> Evacuation/re-entry procedures & assembly point locations*
<input checked="" type="checkbox"/> Emergency incident reporting
<input checked="" type="checkbox"/> External emergency response organization notification
<input checked="" type="checkbox"/> Location(s) and contents of Emergency Response/Contingency Plan
<input checked="" type="checkbox"/> Facility evacuation drills, which are conducted at least (specify) . (e.g. "Quarterly", etc.)

Chemical Handlers are additionally trained in the following:

<input checked="" type="checkbox"/> Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/> Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/> Spill procedures/emergency procedures
<input checked="" type="checkbox"/> Proper use of personal protective equipment *
<input checked="" type="checkbox"/> Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption) *
<input checked="" type="checkbox"/> Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.) *

Emergency Response Team Members are capable of and engaged in the following:

<input checked="" type="checkbox"/> Personnel rescue procedures
<input checked="" type="checkbox"/> Shutdown of operations
<input checked="" type="checkbox"/> Liaison with responding agencies
<input checked="" type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input checked="" type="checkbox"/> Refresher training, which is provided at least annually *
<input checked="" type="checkbox"/> Emergency response drills, which are conducted at least (specify) . (e.g. "Quarterly", etc.)

## Recordkeeping

Facilities which handle hazardous materials must maintain records of their management and describe that recordkeeping as part of this plan. The form below is provided to document records which are kept at the facility.

Check all boxes that apply. **NOTE:** Items marked with an asterisk (\*) are required.

<input checked="" type="checkbox"/> Current employees' training records (to be retained until closure of the facility) *
<input checked="" type="checkbox"/> Former employees' training records (to be retained at least three years after termination of employment) *
<input checked="" type="checkbox"/> Training Program(s) (i.e. written description of introductory and continuing training) *
<input checked="" type="checkbox"/> Current copy of this Emergency Response/Contingency Plan *
<input checked="" type="checkbox"/> Record of recordable/reportable hazardous material/waste releases *
<input checked="" type="checkbox"/> Record of hazardous material/waste storage area inspections *
<input checked="" type="checkbox"/> Record of hazardous waste tank daily inspections * N/A
<input checked="" type="checkbox"/> Description and documentation of facility emergency response drills
The above list of records does not necessarily identify every type of record required to be maintained by the facility.

## Facility Inspection Logs

Mark the appropriate box:

<input checked="" type="checkbox"/> We will use the "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input checked="" type="checkbox"/> We will use our own documents to record inspections. (A blank copy of each document used must be attached to this HMBP.)



# EMERGENCY RESPONSE PLAN

## INSTRUCTIONS

# E

<p>1. Emergency Coordinator:  Name: <u>EMERY MANN</u>  Address: <u>768 ST. MICHAEL CL</u>  <u>PLEASANTON CA 94566</u>  Telephone No. <u>510 770 5100</u>  (Business hours)  Telephone No. <u>925 485 9767</u>  (After Business hours)</p> <p>Alternate:  Name: <u>PAUL HARRIS</u>  Address: <u>257 WEST ANGELA ST.</u>  <u>PLEASANTON CA 94566</u>  Telephone No. <u>510 770-5100</u>  (Business hours)  Telephone No. <u>925 485 6043</u>  (After Business hours)</p>	<p>1. List the names and telephone numbers of at least two individuals to notify in case of an emergency involving hazardous materials at this facility.</p> <p>These persons should be knowledgeable about the hazardous materials stored/used at the facility and have authority to make management decisions concerning clean up expenditures.</p>
<p>2. Do you have a written emergency response plan?  Yes _____ No <u>X</u></p>	<p>2. If you do not, you can use the following as your plan. If you have a written plan it should include the following:</p>
<p>3. Notification:</p> <p>a) Priority contact  Fire/Police/Ambulance - 911</p> <p>b) CA State Office of Emergency Services 1-800-852-7550</p> <p>c) Other Agencies, Spill Response Companies and Phone numbers  <u>CNEMTREC 1-800-424-9300</u>  <u>TOXCENTER 1-800-682-9000</u>  _____  _____</p> <p>d) Nearest Medical Facility  Name, Address and Phone No.  <u>WASHINGTON HOSPITAL</u>  <u>2000 MOWERY AVE.</u>  <u>FREMONT, CA</u>  <u>510-791-3430 (EMERGENCY)</u>  <u>510-791-3464 (ADMITTING)</u></p>	<p>3. Priority Numbers -</p> <p>a) Police/Fire (911) for any kind of an emergency.</p> <p>b) Spill Number - If you have a release or threatened release of hazardous materials which may impact human health or the environment, you are also required to notify the CA State Office of Emergency Services.</p> <p>c) Other Numbers - Identify other Agency numbers (i.e., Fish and Game, Waste water treatment plant, Regional Water Board) and also spill response company numbers that can be contacted in case of an emergency.</p> <p>d) Nearest Medical Facility - Identify the name, address and phone number of nearest medical facility.</p>
<p>4. Areas/equipment identified to be inspected immediately after an earthquake:  <u>BERMED AREA</u>  <u>STORAGE RACKS</u>  <u>GAS METER</u>  _____  _____</p>	<p>4. Identify the areas and/or mechanical equipment or other systems that could require immediate inspection or isolation because of their vulnerability to earthquake related ground motion.</p>

5. Evacuation:

a) Describe local alarm system for evacuation

☒ Verbal (i.e. shouting)

☐ Horns

☐ Alarms

☒ Other PAGING SYSTEM

b) Outside Assembly Area designated

FRONT OF BUILDING  
BY FLAG POLE.

c) Evacuation route maps posted

☒ Yes ☐ No

d) Reentry procedures defined

RESPONSE TEAM  
WILL NOTIFY EMPL.  
WHEN BLDG. IS  
SAFE TO RE-ENTER.

5. Evacuation

a) Describe local alarm or notification system for evacuation (i.e. P.A. system, horn, alarm, shouting).

b) Designate an upwind area as an evacuation assembly area.

c) Evacuation route maps should be posted in conspicuous areas in facility.

d) Describe how it will be decided when to reenter the building. Who will take a head count? Who will ensure all operations are back to normal? Who is responsible?

6. Emergency Equipment

Equipment Location

STORAGE/ AREA "B"

Responsible Inspector

SAFETY COORDINATOR

Inspection Frequency

QUARTERLY

a) Personal Protective Equipment

☒ Gloves

☐ Chemical Resistant suits

☒ Face shields

☐ Helmet

☐ Boots

☐ Respiratory protection

☐ Other

b) Spill Control Equipment

☒ Absorbent

☐ Spill cart

☒ Pumps/Vacuums

☒ Brooms

☐ Neutralizers

☐ Vapor Scrubber

c) Communication Equipment

☐ Portable Radios

☒ Telephones

☒ Pagers

☐ Other

6. Describe where emergency equipment is located.

Indicate an individual to inspect the equipment and make sure supplies are adequate.

Indicate how often inspections are conducted - i.e., weekly or monthly.

Check off the personal protective equipment which you have on site.

Check off the spill control equipment that you have on site.

Check off the communication equipment that you have on site.

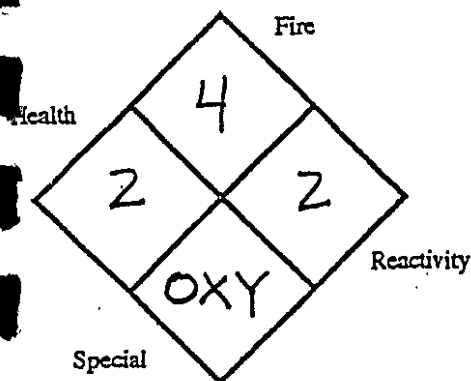
# **EMERGENCY RESPONSE / CONTINGENCY PLAN** **Attachment 2. EQUIPMENT LISTING**

Equipment category	Equipment if these are provided	Location	Description, specify type and quantity
Personal Protective Equipment Safety Equipment First Aid Equipment	Chemical Protective Boots		
	Chemical Protective Gloves		
	X Safety Glasses/Goggles/Face shields	TOOL CRIB	
	Chemical Protective Clothing		
	Hard Hats		
	Chemical Monitoring Equipment (describe)		
	X First Aid Kits	ON BLDG. MAP	
	Eye Wash Stations		
	Safety Showers		
	X Cartridge Respirators	TOOL CRIB	
	SCBA units		
	Other (describe)		
Fire Extinguishing Systems	X Fire Extinguishers	BLDG. MAP	
	Fire Hose		
	Foam with nozzles/hose		
Spill Control Equipment Decontamination Equipment	X Absorbents, Neutralizers	AREA "B"	
	X Shovels/Brooms/Squeegees	AREA "B"	
	Overpack drum/Spill drum		
	Absorbent booms/pillows/pads		
	Decontamination Equipment (describe)		
	Gas cylinder leak repair kits (describe)		
	Other (describe)		
Communications and Alarm Systems	X Telephones		
	X Intercoms/PA systems		
	Portable 2 way radios		
	Pull Station alarms		
	Automatic alarms		
Check if additional pages are attached ( )			

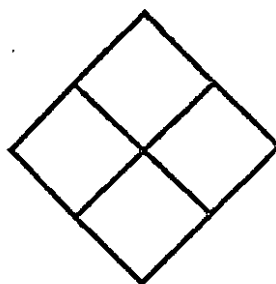
## Placarding and Labeling

The outside of the facility and any areas where a significant chemical hazard is present must be placarded per the NFPA 704(m) standard. This is a numerical coding for health, fire, reactivity, and special hazards. The Facility Placard, representing the aggregate hazards present in the facility must be posted at entrances or where it will be seen by arriving emergency responders. A guidance document on NFPA 704(m) is available from the Fremont Fire Department.

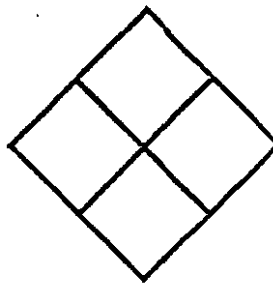
### Facility Placard:



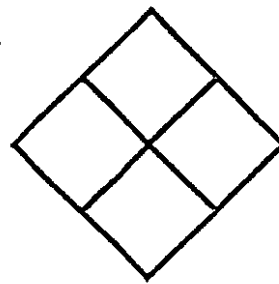
**Subdivision Placards:** If required, show placarding for other storage areas. Use additional pages if needed.



Location \_\_\_\_\_



Location \_\_\_\_\_



Location \_\_\_\_\_

**Labeling:** Labeling is required on all drums, containers and equipment used in conjunction with hazardous materials or waste. Check the kinds of equipment present in this facility and verify that proper labels are in place:

☐ Tanks ☒ Containers ☐ Process Equipment ☐ Piping ☒ Empties ☐ Control Valves

## Material Safety Data Sheets

Material Safety Data Sheets may be obtained from product suppliers. A MSDS for every reported material at the facility must be kept on site at all times. In the space below, describe a location in at the facility where Material Safety Data Sheets are located.

Location of MSDS file, folder or binder: \_\_\_\_\_

## Facility Closure

Facility Closure Plan must be submitted to the Fremont Fire Department **AT LEAST 30 DAYS PRIOR** to the termination of storage or use of hazardous materials. Check the items below to indicate they will be addressed in the plan. Sign and date below to acknowledge that a copy of this form will be sent to the property owner or property manager if the property is not owned by the facility.

### The closure plan will include:

- ☒ Agencies that will be contacted
- ☒ Sampling and analysis activities
- ☒ Equipment and facility decontamination procedures
- ☒ Disposition of all hazardous materials and wastes
- ☒ Intent to include copies of all hazardous waste manifests, bills of sale and/or bills of lading documents
- ☒ Intent to arrange a follow-up inspection
- ☒ Intent to file a post-closure report within 30 days of completion of closure activities

Sign here: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_



# CITY OF FREMONT

FIRE DEPARTMENT  
39100 LIBERTY ST.  
FREMONT, CA 94537



## HAZARDOUS MATERIALS MANAGEMENT PLAN CITY OF FREMONT

D & H Manufacturing Company

Facility Name

49235 Milmont Drive

Facility Address

Fremont, CA 94538

Facility City and Zip Code

Submit Original to Fire Department  
Keep a Copy at Your Office

### Certification

I hereby certify, under penalty of perjury, that the information contained in this Hazardous Materials Management Plan is, to the best of my knowledge, true and correct. I understand that I may be required to show proof of compliance during any facility inspection conducted by local, County, State, or Federal authorities.

Authorized Signature: Richard L. Wills Title: President

Print Name Richard L. Wills Date: July 18, 1994

November, 1993

For Fire Department Use:

Reviewed: 9/10/94

Approved: 11/6/94

Inspector: J. Wills

Project #: 94-167

Date Entered: \_\_\_\_\_

(5-15-96)  
by Jek  
572 yel.

# GENERAL INFORMATION

## INSTRUCTIONS

B

1. Name of Facility: <u>D &amp; H Manufacturing Company</u>	1. Enter the full legal name of the business. D & H Manufacturing Company
2. Facility Address: <u>49235 Milmont Drive</u> <u>Fremont, CA 94538-7349</u>	2. Enter actual location of facility including suite number and zip code.  Do not give P.O. Box address
3. Mailing Address: <u>49235 Milmont Drive</u> <u>Fremont, CA 94538-7349</u>	3. Complete only if different from "Facility Address."
4. Facility Telephone Number: <u>510-490-0127</u>	4. Enter telephone number for the facility, at the actual address given in #2 above.
5. Executive/Administrative Contact: Name: <u>Richard L. Wills</u> Telephone No. (Business hours) <u>510-438-9670</u> Telephone No. (After Business hours) <u>408-252-7796</u>	5. Enter name of business owner, general manager, or chief executive officer, and his/her telephone numbers.

# BUSINESS INFORMATION

## INSTRUCTIONS

1. Nature of Business: <u>Machine Shop</u> <u>Precision Machining</u> <u>Turning &amp; Milling</u> <u>Assembly</u>	1. Give a brief description of products, processes and other business or industrial activities conducted in this facility.
2. When did this business begin operations at this address? <u>October 1994</u> Date	
3. Operating Hours: Circle the days and enter the hours the facility is open for business and the total number of employees in the facility during those hours.	
Day Shift M T W T F S S Shift hours <u>6:00</u> to <u>2:30</u> Number of Employees <u>      </u>	Swing Shift M T W T F S S Shift hours <u>      </u> to <u>      </u> Number of Employees <u>      </u>
Night Shift M T W T F S S Shift hours <u>      </u> to <u>      </u> Number of Employees <u>      </u>	

# INSTRUCTIONS ↓

<b>4. SIC Code:</b> <u>3490</u>	<b>3. Enter Standard Industrial Classification Code number for the primary process/activity conducted in this facility. A copy of SIC codes is available at the local Library.</b>
<b>5. Dun and Bradstreet Number:</b> <u>00-917-4822</u>	<b>4. Enter the Dun and Bradstreet number for this business, if known. If no Dun &amp; Bradstreet number, leave blank. You can obtain a Dunn and Bradstreet number by calling (215) 981-0114.</b>

## FACILITY CONTACTS AND PLANNING INFORMATION

### Inspection Contacts:

<b>1. Primary Contact:</b> Name <u>Richard L. Wills</u> Title <u>President</u> Business Phone <u>408-988-4064</u>	<b>Secondary Contact:</b> Name <u>Thomas Wills</u> Title <u>Material Manager</u> Business Phone <u>408-988-4064</u>
--	--

### Business Owner Information:

<b>2. Business Owner Name:</b> <u>Richard L. Wills &amp; Donna M. Wills</u> Business Owner Address: <u>12091 Parker Ranch Road</u> <u>Saratoga, CA 95070</u> Business Owner Telephone Number: <u>408-252-7796</u>	<b>2. Enter the name, address and telephone number of the individual, corporation or group that owns the business.</b>
---	--

### Property Owner Information:

<b>3. Property Owner Name:</b> <u>Richard L. &amp; Donna M. Wills</u> Property Owner Address: <u>12091 Parker Ranch Road</u> <u>Saratoga, CA 95070</u> Property Owner Telephone Number: <u>408-988-4064</u>	<b>3. Enter the name, address and telephone number of the individual, corporation or group that owns the property that the business is physically located at:</b>
---	---

# SEPARATION, SECONDARY CONTAINMENT AND MONITORING

## PART A - ABOVEGROUND STORAGE AREAS

Make copies of this page and complete one for each storage area defined in the facility storage maps. Check all applicable information given in the spaces below:

STORAGE AREA DESCRIPTION OR NAME: Storage Area "A" - Inside  
(as shown on facility map)

### 1. Type of storage containers found in this area:

☒ Small containers  
☒ 55-gallon drums  
☒ Pressurized vessels

☐ Bulk tanks, storage  
☐ Process tanks/equipment  
☐ Other: \_\_\_\_\_

### 2. Describe storage area/location:

☐ Inside building  
☒ Outside building

☐ Not secured  
☒ Secured - against trespass \_\_\_\_\_

### 3. Separation of incompatible materials:

☐ Fire Dept. approved cabinets  
☐ 20 foot separation  
☐ Non-combustible partition

☒ All materials compatible  
☐ Other: \_\_\_\_\_

### 4. Secondary Containment:

☐ Fire Dept. approved cabinet  
☐ Tray  
☒ Bermed, coated floor  
☐ Secondary drums

☐ Vaulted tank  
☐ Double walled tank  
☐ None  
☐ Other

### 5. Monitoring and Inspections:

☒ None  
☐ Visual - with a log on a daily basis  
☐ Visual - with a log on a weekly basis  
☐ Visual - with a log on a monthly basis

☐ Mechanical/electronic-frequency \_\_\_\_\_  
☐ Continuous monitoring device

PLEASE ATTACH A COPY OF THE LOG USED FOR INSPECTIONS. SEE ATTACHMENT FOR AN EXAMPLE.

## HAZARDOUS MATERIALS USE/HANDLING

INSTRUCTIONS

### Hazardous Materials Handling:

Cutting oil and soap in 55-gal drums, stored in contained area (bermed), recycled in cycle machine & waste is taken away by carrier. Plastics cleaning solvent in 55-gal container stored in contained/bermed area. Acetylene & Oxygen gases in pressurized tanks on welders (no surplus stored) & no waste. Coolant in 55-gal drum with no waste. Vapor Degreaser in 55-gal drum with no waste.

Describe how hazardous materials in this area are brought into the facility, how they are stored, used and disposed of.

Use additional pages if necessary.



# SEPARATION, SECONDARY CONTAINMENT AND MONITORING

## PART A - ABOVEGROUND STORAGE AREAS

Make copies of this page and complete one for each storage area defined in the facility storage maps. Check all applicable information given in the spaces below:

STORAGE AREA DESCRIPTION OR NAME: Storage Area "B" - Outside  
(as shown on facility map)

1. Type of storage containers found in this area:			Bulk tanks, storage
<u>X</u>	Small containers	<u>      </u>	Process tanks/equipment
<u>X</u>	55-gallon drums	<u>      </u>	Other: <u>      </u>
<u>      </u>	Pressurized vessels	<u>      </u>	
2. Describe storage area/location:			Not secured
<u>      </u>	Inside building	<u>X</u>	Secured - against trespass <u>      </u>
<u>X</u>	Outside building	<u>      </u>	
3. Separation of incompatible materials:			All materials compatible
<u>X</u>	Fire Dept. approved cabinets	<u>      </u>	Other: <u>      </u>
<u>      </u>	20 foot separation	<u>      </u>	
<u>      </u>	Non-combustible partition	<u>      </u>	
4. Secondary Containment:			Vaulted tank
<u>      </u>	Fire Dept. approved cabinet	<u>      </u>	Double walled tank
<u>      </u>	Tray	<u>      </u>	None
<u>X</u>	Bermed, coated floor	<u>      </u>	Other <u>      </u>
<u>      </u>	Secondary drums	<u>      </u>	
5. Monitoring and Inspections:			Mechanical/electronic-
<u>X</u>	None	<u>      </u>	frequency <u>      </u>
<u>      </u>	Visual - with a log on a daily basis	<u>      </u>	Continuous monitoring device
<u>      </u>	Visual - with a log on a weekly basis	<u>      </u>	
<u>      </u>	Visual - with a log on a monthly basis	<u>      </u>	

PLEASE ATTACH A COPY OF THE LOG USED FOR INSPECTIONS. SEE ATTACHMENT FOR AN EXAMPLE.

## HAZARDOUS MATERIALS USE/HANDLING

### INSTRUCTIONS

#### Hazardous Materials Handling:

oil in 55-gal drums, stored in  
contained area (bermed). Cutting oils  
are recycled in cycle machine & heavy  
oil left, is taken away by carrier.  
Propane used in forklift, stored in 7-gal  
container inside fire cabinets, no waste.

Describe how hazardous materials in this area are brought into the facility, how they are stored, used and disposed of.

Use additional pages if necessary.

CONTINUED NEXT PAGE

# SEPARATION, SECONDARY CONTAINMENT AND MONITORING

## PART B - UNDERGROUND STORAGE AREAS (COMPLETE ONLY IF YOU HAVE UNDERGROUND TANKS)

Make copies of this page and complete one for each storage area defined in the facility storage maps. Check all applicable information given in the spaces below:

STORAGE AREA DESCRIPTION OR NAME: Storage Area "A" - Inside:  
(as shown on facility map)

N/A = Not Applicable

### INSTRUCTIONS

<p>1. Monitoring methods for tanks:</p> <p><u>N/A</u> Groundwater monitoring wells</p> <p><u>N/A</u> Backfill vapor wells</p> <p><u>N/A</u> Precision test <u>    </u> Monthly <u>    </u> Yearly</p> <p><u>N/A</u> Annular space monitoring</p> <p><u>N/A</u> Manual/mechanical</p> <p><u>N/A</u> Electronic inventory reconciliation</p> <p><u>N/A</u> Visual</p> <p><u>N/A</u> Continuous Vapor</p> <p><u>N/A</u> Daily Dip stick</p> <p><u>N/A</u> Other: <u>                    </u></p>	<p>1. Supply all information concerning monitoring of the tanks. You may check off as many items that apply to the monitoring.</p>
<p>2. Monitoring methods for PIPING:</p> <p><u>N/A</u> In-line leak detector</p> <p><u>N/A</u> Tightness test <u>    </u> Monthly <u>    </u> Yearly</p> <p><u>N/A</u> Double-wall piping</p> <p><u>N/A</u> Electronic leak-detection mode for complete tank and piping system</p> <p><u>N/A</u> Piping in a secondary containment trench</p>	<p>2. Supply all information concerning monitoring of the piping. You may check off as many items that apply to the monitoring.</p>
<p>3. Submitted State of California A &amp; B Forms:</p> <p><u>    </u> <u>N/A</u> Yes <u>    </u> <u>N/A</u> No</p> <p>If you checked No, contact the Fremont Fire Department for forms or to verify that the forms are on file.</p>	<p>3. Did you submit the State of California Underground Tank permit forms (A and B forms) to the City of Fremont?</p> <p>Contact the Fremont Fire Department for copies of blank forms.</p>
<p>4. Financial Information Submitted:</p> <p><u>    </u> <u>N/A</u> Yes <u>    </u> <u>N/A</u> No</p>	<p>4. Financial Assurance documentation must be submitted to the Fremont Fire Department for all new tanks and when requested for existing tanks.</p>
<p>5. State Surcharge Submitted:</p> <p><u>    </u> <u>N/A</u> Yes <u>    </u> <u>N/A</u> No</p>	<p>5. A State surcharge fee (presently \$56/tank) is payable to the City of Fremont once every five years.</p>

# SEPARATION, SECONDARY CONTAINMENT AND MONITORING

## PART B - UNDERGROUND STORAGE AREAS (COMPLETE ONLY IF YOU HAVE UNDERGROUND TANKS)

Make copies of this page and complete one for each storage area defined in the facility storage maps. Check all applicable information given in the spaces below:

STORAGE AREA DESCRIPTION OR NAME: Storage Area "B" - Outside  
(as shown on facility map)

N/A = Not Applicable

### INSTRUCTIONS

<p><b>1. Monitoring methods for tanks:</b></p> <p><u>N/A</u> Groundwater monitoring wells  <u>N/A</u> Backfill vapor wells  <u>N/A</u> Precision test <u>    </u> Monthly <u>    </u> Yearly  <u>N/A</u> Annular space monitoring  <u>N/A</u> Manual/mechanical  <u>N/A</u> Electronic inventory reconciliation  <u>N/A</u> Visual  <u>N/A</u> Continuous Vapor  <u>N/A</u> Daily Dip stick  <u>N/A</u> Other: <u>                    </u></p>	<p>1. Supply all information concerning monitoring of the tanks. You may check off as many items that apply to the monitoring.</p>
<p><b>2. Monitoring methods for PIPING:</b></p> <p><u>N/A</u> In-line leak detector  <u>N/A</u> Tightness test  <u>    </u> Monthly <u>    </u> Yearly  <u>N/A</u> Double-wall piping  <u>N/A</u> Electronic leak-detection mode for complete tank and piping system  <u>N/A</u> Piping in a secondary containment trench</p>	<p>2. Supply all information concerning monitoring of the piping. You may check off as many items that apply to the monitoring.</p>
<p><b>3. Submitted State of California A &amp; B Forms:</b></p> <p><u>    </u> N/A Yes <u>    </u> N/A No</p> <p>If you checked No, contact the Fremont Fire Department for forms or to verify that the forms are on file.</p>	<p>3. Did you submit the State of California Underground Tank permit forms (A and B forms) to the City of Fremont?</p> <p>Contact the Fremont Fire Department for copies of blank forms.</p>
<p><b>4. Financial Information Submitted:</b></p> <p><u>    </u> N/A Yes <u>    </u> N/A No</p>	<p>4. Financial Assurance documentation must be submitted to the Fremont Fire Department for all new tanks and when requested for existing tanks.</p>
<p><b>5. State Surcharge Submitted:</b></p> <p><u>    </u> N/A Yes <u>    </u> N/A No</p>	<p>5. A State surcharge fee (presently \$56/tank) is payable to the City of Fremont once every five years.</p>

HAZARDOUS MATERIALS MANAGEMENT PLAN  
CITY OF FREMONT  
FROM D & H MFG CO  
49235 MILMONT DRIVE  
FREMONT

PAGE 4 continued Section D for Storage Area "B" - Outside

Solvent (rubbing alcohol) for cleaning parts; no waste  
Coolant is in 5-gal container; is then recycled with waste hauled away  
Lubricant oil in 55-gal drum with waste hauled away

# EMERGENCY RESPONSE PLAN

## INSTRUCTIONS



### 1. Emergency Coordinator:

Name: Thomas L. Wills  
 Address: 1206 W. Latimer Avenue  
Campbell, CA 95008  
 Telephone No. 408-988-4064  
 (Business hours)  
 Telephone No. 408-378-7092  
 (After Business hours)

### Alternate:

Name: Gary Wills  
 Address: 2463 Via De Los Milagros  
Pleasanton, CA 94566  
 Telephone No. 408-988-4064  
 (Business hours)  
 Telephone No. 510-846-9437  
 (After Business hours)

1. List the names and telephone numbers of at least two individuals to notify in case of an emergency involving hazardous materials at this facility.

These persons should be knowledgeable about the hazardous materials stored/used at the facility and have authority to make management decisions concerning clean up expenditures.

2. Do you have a written emergency response plan?  
 Yes \_\_\_\_\_ No X

2. If you do not, you can use the following as your plan. If you have a written plan it should include the following:

### 3. Notification:

- a) Priority contact  
 Fire/Police/Ambulance - 911
- b) CA State Office of Emergency Services 1-800-852-7550
- c) Other Agencies, Spill Response Companies and Phone numbers

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- d) Nearest Medical Facility  
 Name, Address and Phone No.  
Washington Hospital  
2000 Mowery Avenue  
Fremont, CA 94538  
510-791-3430 (emergency)  
510-791-3464 (admitting)

### 3. Priority Numbers -

- a) Police/Fire (911) for any kind of an emergency.
- b) Spill Number - If you have a release or threatened release of hazardous materials which may impact human health or the environment, you are also required to notify the CA State Office of Emergency Services.
- c) Other Numbers - Identify other Agency numbers (i.e., Fish and Game, Waste water treatment plant, Regional Water Board) and also spill response company numbers that can be contacted in case of an emergency.
- d) Nearest Medical Facility - Identify the name, address and phone number of nearest medical facility.

### 4. Areas/equipment identified to be inspected immediately after an earthquake:

Bermed areas  
Storage Racks  


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4. Identify the areas and/or mechanical equipment or other systems that could require immediate inspection or isolation because of their vulnerability to earthquake related ground motion.

5. Evacuation:

a) Describe local alarm system for evacuation

- ☒ Verbal (i.e. shouting)  
☐ Horns  
☐ Alarms  
☒ Other - Paging System

b) Outside Assembly Area designated  
Southwest end of building - back  
corner of parking lot.

c) Evacuation route maps posted

- ☒ Yes ☐ No

d) Reentry procedures defined

Charlie Ammatuna, the General  
Manager, will take employee count  
& say when to reenter building.

5. Evacuation

a) Describe local alarm or notification system for evacuation (i.e. P.A. system, horn, alarm, shouting).

b) Designate an upwind area as an evacuation assembly area.

c) Evacuation route maps should be posted in conspicuous areas in facility.

d) Describe how it will be decided when to reenter the building. Who will take a head count? Who will ensure all operations are back to normal? Who is responsible?

6. Emergency Equipment

Equipment Location

Storage Area "A"

Responsible Inspector

Webb Wimberly

Inspection Frequency

Monthly

a) Personal Protective Equipment

- ☒ Gloves  
☐ Chemical Resistant suits  
☒ Face shields  
☐ Helmet  
☐ Boots  
☐ Respiratory protection  
☐ Other

b) Spill Control Equipment

- ☒ Absorbent  
☐ Spill cart  
☒ Pumps/Vacuums 55-gal  
☐ Brooms  
☐ Neutralizers  
☐ Vapor Scrubber

c) Communication Equipment

- ☐ Portable Radios  
☒ Telephones  
☒ Pagers  
☐ Other

6. Describe where emergency equipment is located.

Indicate an individual to inspect the equipment and make sure supplies are adequate.

Indicate how often inspections are conducted - i.e., weekly or monthly.

Check off the personal protective equipment which you have on site.

Check off the spill control equipment that you have on site.

Check off the communication equipment that you have on site.

F

# EMERGENCY RESPONSE TRAINING PLAN

INSTRUCTIONS ↓

Person Responsible for Training:

Webb Wimberly, ~~Gary Wills~~ *JE*  
PAUL HARRIS

A training plan must be developed to ensure that employees are trained in the following areas.

## All Employees

All employees are trained in the following procedures:

- ☒ Internal Alarm
- ☒ External emergency response organization notification.
- ☒ Locations and content of emergency response plan.
- ☒ Evacuation procedures.
- ☐ Spill procedures.

## Chemical Handlers

Chemical handlers are additionally trained in the following:

- ☒ Safe method for handling and storage of hazardous materials.
- ☒ Proper use of personal protection equipment.
- ☒ Locations and proper use of fire and spill control equipment.
- ☒ Specific hazards of each chemical to which they may be exposed, including the pathways of exposure (i.e., skin absorption, inhalation, ingestion).

## Emergency Response Team

Emergency response team members are additionally trained in the following procedures and will act as liaison to the Fire Department:

- ☐ Personnel rescue procedures.
- ☒ Shutdown of operations.
- ☐ Use, maintenance, and replacement of emergency response equipment.
- ☐ Emergency response drills.
- ☐ Refresher training is provided at least annually.

## Emergency Response Documents

The following training records are maintained for each employee:

- ☐ Verification of date that training was completed.
- ☐ Description of introductory and continuing training.
- ☐ Employee's training records are retained at least three years.
- ☐ Description and documentation of facility emergency response drills.

Please attach a copy of your TRAINING PLAN when you submit your HMMP.

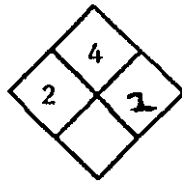
☐ Attached

NO WRITTEN TRAINING PLAN

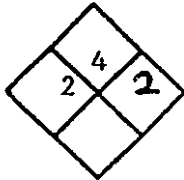
# PLACARDING AND LABELING

## INSTRUCTIONS

**NFPA Placard - Outside:**  
(Write in the actual numbers at your facility)

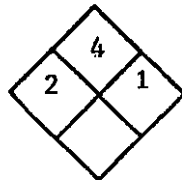


**NFPA Placards - Inside:**



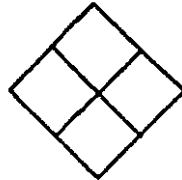
"A"

Location



"B"

Location



Location

The outside of the building, the entrance to the storage areas holding hazardous materials and inside areas holding hazardous materials must be labeled with the National Fire Protection Association 704 placard. This is a numerical coding for hazards present on site. The information needed to determine hazards can be found on the Material Safety Data Sheets.

This marking will provide identification of hazards for firefighters and emergency personnel.

The outside placard should be at least 15 inches in height with 5" letters.

A Guidance Document on NFPA placards is available from the Fremont Fire Department.

**Labeling:**

- ☐ Tanks
- ☒ Containers
- ☐ Process Containers
- ☐ Piping
- ☐ Empties
- ☐ Emergency Control Valves

Check if you have labeling on the listed equipment.

Labeling is needed on all drums, containers, etc. which hold hazardous materials/waste.

For new products, the shipping label is adequate. For tanks and process containers the generic chemical name, the percentage of the chemical and the hazard class should be identified. For piping, the name of the chemical and direction of flow should be indicated (every 20 feet).

Empty containers which have been cleaned of all residues of hazardous materials should have their original labels removed and an "Empty" label added.



## CLOSURE PLAN

## INSTRUCTIONS



A closure plan will be submitted to the Fire Department and include:

- ☒ Agencies that will be contacted.
- ☒ Sampling and analysis activities
- ☒ Equipment and facility decontamination procedures
- ☒ Disposition of all hazardous materials and waste
- ☒ Intent to include all Hazardous Waste Manifests, Bills of sale and/or Bills of Lading documentation
- ☒ Intent to arrange a follow-up inspection
- ☒ Intent to file a Post-Closure report within 30 days of completion of closure activities

A closure plan must be submitted at least 30 days prior to the termination of the storage/use of hazardous materials.

No hazardous materials are to be removed from the site until the closure plan has been submitted and approved.

Check the items that will be covered in the Closure Plan.

## MATERIAL SAFETY DATA SHEETS

Attach copies of the Material Safety Data Sheets (MSDS) for the materials listed in the Hazardous Materials Inventory. Arrange them in the same order as they appear in the Hazardous Materials Inventory. Do not attach MSDS' for pure chemicals like oxygen, nitrogen, propane, sulfuric acid, hydrochloric acid, sodium hydroxide or for gasoline, diesel, motor oil and antifreeze unless specifically requested to do so.

☒ Attached  
☐ Not attached but located \_\_\_\_\_ on site.  
(describe location)

## ACUTELY HAZARDOUS MATERIALS REGISTRATION FORM

Attach a copy of your Acutely Hazardous Materials Registration Form (List and Form is available from the Fremont Fire Department) listing acutely hazardous materials above threshold planning quantities on-site.

☐ Attached  
☒ No acutely hazardous materials above threshold planning quantities are on-site.

# Hazardous WASTE Inventory Statement CITY OF FREMONT

K-

1. Business name: D & H Manufacturing Company
2. Business Location: 49235 Milmont Dirve, Fremont, CA 94538-7349
3. Date: October 28, 1994

\*SEE ATTACHMENT "Z" FOR  
CHEMICAL ABSTRACT NUMBERS NOT ON THIS FORM

Page 1 of 1

(1) Waste Code	(2) Common Name	(3) Chemical Name Components & Concentration	(4) Chemical Abstract Number	(5) Phys State	(6) Quantity On Hand Largest Max Container Size		(7) Units	(8) Days On Site	(9) Storage Code			(10) SARA Class PH HH		(11) ANNUAL WASTE THRUPUT
									Type	Pres	Temp			
FG/ UR2	Acetylene	Acetylene	74-86-2	P,G	0	0	CF	365	L	2	4	FP	I	0
CL	Blasocut	Blasocut 2000	8012-95-1	P,L	1	55	Gal	365	D	1	4	F	I	200 Gal
NFG	Oxygen	Oxygen	7782-18-4	P,L	0	0	CF	365	L	2	4	P	I	0
ORM	Perchloroethylene	Tetrachloroethylene	127-18-4	P,L	0	0	Gal	365	D	1	4	F	D	0
FG	Propane	Propane	74-98-6	P,G	0	0	Gal	365	L	2	4	FP	D	0
FL	Solvent	Isopropanol	67-63-0	P,L	0	0	Gal	365	D	1	4	F	D	0
FL	Accuflo DM68	Oil	*	P,L	1	55	Gal	365	D	1	4	F	D	50 Gal
FL	Schaffer 10W	Zinc Dialkyl Dithisophate * Molybdenum DI-2-Ethylhexyl Phosphorodithiolate	*	M,L	1	55	Gal	365	D	1	4	F	D	50 Gal
FL	Cimperial 1011-C Coolant		*	P,L	1	5	Gal	365	D	1	4	F	D	5 Gal
FL	1.1.1 Trichloroethane	1.1.1 Trichloroethane Diethylene Ether 1.2 Burylene Oxide Nitromethane	71-55 123-91-1 106-88-7 75-52-5	M,L	0	0	Gal	365	D	1	4	F	I	0
FL	ZEP Formula 22	Sodium Metasilicate Ethylene Glycol Monobutylether Polyethoxylated Alcohol	*	M,L	1	55	Gal	365	D	1	4	R	D	50 Gal

# INSPECTION LOG

Name of Company: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Inspector: \_\_\_\_\_

Safety Officer: \_\_\_\_\_

INSPECTION ITEM	DATE & TIME	OBSERVATIONS	CORRECTIVE ACTIONS TAKEN AND DATE
<b>Hazardous materials storage area:</b> leaks, containers stored closed; secondary containment intact; labeled			
<b>Hazardous waste storage area:</b> leaks, containers stored closed; secondary containment intact; accumulation date; haz. waste label			
<b>Safety Equipment:</b> Adequate supplies; broken or missing; out of date			
<b>Monitoring Equipment:</b> Tested; working properly; not in alarm condition			
<b>Emergency Equipment:</b> Adequate supplies; broken or missing; out of date			
<b>Security and Communications:</b> Tested regularly; no breaches in fence; NFPA placard at entrance; storage of haz. wastes and materials secure			

HAZARDOUS MATERIALS MANAGEMENT PLAN  
CITY OF FREMONT  
FROM D & H MFG CO  
49235 MILMONT DRIVE  
FREMONT

ATTACHMENT "Z" to K-1 and K-2 to add Chemical Abstract Number

Accuflo DM68	72623-85-9
	72623-87-1
	66742-52-5
	66741-95-3
	66741-95-3

Schaffer 10W Hyd Turbine Oil	68649-42-3
---------------------------------	------------

Cimperial 1011-C Coolant	90-43-7
	64742-52-5
	102-71-6
	69227-21-0

Zep Formula 22	67-63-0
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# Hazardous Materials Inventory Statement CITY OF FREMONT

K-1

1. Business name: D & H Manufacturing Company

2. Business Location: 49235 Milmont Drive, Fremont, CA 94538-7349

Page 1 of 1

3. Date: October 28, 1994

\*SEE ATTACHMENT "Z" FOR  
CHEMICAL ABSTRACT NUMBERS NOT ON THIS FORM

(1) Fire Code Hazard Class	(2) Common Name	(3) Chemical Name Components & Concentration	(4) Chemical Abstract Number	(5) Phys State	(6) Quantity On Hand		(7) Units	(8) Days On Site	(9) Storage Code			(10) SARA Class		(11) NFPA Code			(12) Loca- tion (A,B,C)
					Max	Largest Container Size			Type	Pres	Temp	PH	HH	H	F	R	
FG/ UR2	Acetylene	Acetylene	74-86-2	P-G	1	145	CF	365	L	2	4	FP	I	1	4	1	A
CL	Blasocut	Blasocut 2000 Mineral Oil	8012-95-1	L	1	55	Gal	365	D	1	4	F	I	0	0	0	A
NFG	Oxygen	Oxygen	7782-44-7	G	1	125	CF	365	L	2	4	P	I	0	0	0	A
ORM	Perchloroethylene	Tetrachloroethylene	127-18-4	L	1	55	Gal	365	D	1	3	F	D	1	0	0	A
FG	Propane	Propane	74-98-6	G	1	7	Gal	365	L	2	4	FP	D	1	4	1	B
FL	Solvent	Isopropanol (rubbing alcohol)	67-63-0	L	1	5	Gal	365	D	1	4	F	D	1	1	1	B
	Accuflo DM68	Oil	*	L	1	55	Gal	365	D	1	4	F	D	1	1	0	B
	Schaffer 10W Hyd Turbin Oil	Zinc Dialkyl Dithiosphate * Molybdenum DI-2-Ethylhexyl Phosphorodithiolate	*	L	1	55	Gal	365	D	1	4	F	D	1	1	0	B
	Cimperial 1011-C Coolant	1.1.1 Trichloroethate	71-55	L	1	55	Gal	365	D	1	4	F	D	1	1	0	B
		Diethylene Ether	123-91-1	L	1	55	Gal	365	D	1	4	F	I	2	1	0	A
		1.2-Burylene Oxide	106-88-7	L	1	55	Gal	365	D	1	4	R	D	2	1	0	A & B
		Nitromethane	75-52-5	L	1	55	Gal	365	D	1	4	R	D	2	1	0	A & B
	Zep Formula 22	Sodium Metasilicate Ethylene Glycol Monobutylethe Polyethoxylated Alcohol	*	L	1	55	Gal	365	D	1	4	R	D	2	1	0	A & B

# LOCATION MAP



OAKLAND

FREMONT

HIGHWAY 880

MILMONT DR.

COUNTY LINE

DIXON LANDING ROAD

MILPITAS

D & H MF9 CO.  
49235 MILMONT DRIVE  
FREMONT CA 94505

SAN JOSE



**HAZARDOUS MATERIALS BUSINESS PLAN**

**Xoft microTube, Inc.  
49000 Milmont Drive  
Fremont, California  
*March 20, 2001***

**E2C, Inc. Project Number 1731SC01H**

**Prepared For**

**Xoft microTube, Inc  
49000 Milmont Drive  
Fremont, California 94538**

**Prepared By**

**E2C, Inc.  
382 Martin Avenue  
Santa Clara, California 95050-3122  
408.327.5700**

# INSPECTION LOG

Name of Company: \_\_\_\_\_

Date \_\_\_\_\_

Name of Inspector: \_\_\_\_\_

Safety Officer: \_\_\_\_\_

INSPECTION ITEM	DATE & TIME	OBSERVATIONS	CORRECTIVE ACTIONS TAKEN AND DATE
Hazardous materials storage area: leaks, containers stored closed; secondary containment intact; labeled			
Hazardous waste storage area: leaks, containers stored closed; secondary containment intact; accumulation date; haz. waste label			
Safety Equipment: Adequate supplies; broken or missing; out of date			
Monitoring Equipment: Tested; working properly; not in alarm condition			
Emergency Equipment: Adequate supplies; broken or missing; out of date			
Security and Communications: Tested regularly; no breaches in fence; NFPA placard at entrance; storage of haz. wastes and materials secure			



# EMERGENCY RESPONSE / CONTINGENCY PLAN

## Attachment 2. EQUIPMENT LISTING

Equipment category	Equipment (if these are provided)	Location	Description, specify type and quantity
Personal/Protective Equipment Safety Equipment First Aid Equipment	X Chemical Protective Boots	Lab	
	X Chemical Protective Gloves	Lab	
	X Safety Glasses/Goggles/Face shields	Lab	
	X Chemical Protective Clothing	Lab	
	Hard Hats		
	X Chemical Monitoring Equipment (describe)	FURNACE ROOM	Hydrogen gas detectors
	X First Aid Kits	Lab	
	X Eye Wash Stations	Lab	portable
	X Safety Showers	Lab	
	Cartridge Respirators		
Fire Extinguishing Systems	X Fire Extinguishers	Lab	
	Fire Hose		
	Foam with nozzles/hose		
Spill Control Equipment Decontamination Equipment	X Absorbents, Neutralizers	Lab	
	Shovels/Brooms/Squeegees		
	Overpack drum/Spill drum		
	Absorbent booms/pillows/pads		
	Decontamination Equipment (describe)		
	Gas cylinder leak repair kits (describe)		
	Other (describe)		
Communications and Alarm Systems	Telephones		
	Intercoms/PA systems		
	Portable 2 way radios		
	Pull Station alarms		
	Automatic alarms		
Check if additional pages are attached ( )			

5. Evacuation:

a) Describe local alarm system for evacuation

- ☒ Verbal (i.e. shouting)  
☐ Horns  
☒ Alarms  
☒ Other PA System

b) Outside Assembly Area designated  
Front Parking Lot

c) Evacuation route maps posted  
☒ Yes ☐ No

d) Reentry procedures defined  
When allowed by Fire Dept.

5. Evacuation

a) Describe local alarm or notification system for evacuation (i.e. P.A. system, horn, alarm, shouting).

b) Designate an upwind area as an evacuation assembly area.

c) Evacuation route maps should be posted in conspicuous areas in facility.

d) Describe how it will be decided when to reenter the building. Who will take a head count? Who will ensure all operations are back to normal? Who is responsible?

6. Emergency Equipment

Equipment Location

Lab

Responsible Inspector

Vaciliki Papademetriov

Inspection Frequency

Quarterly

a) Personal Protective Equipment

- ☒ Gloves  
☐ Chemical Resistant suits  
☐ Face shields  
☐ Helmet  
☒ Boots  
☐ Respiratory protection  
☒ Other: Neoprene Apron

b) Spill Control Equipment

- ☒ Absorbent  
☐ Spill cart  
☐ Pumps/Vacuums  
☒ Brooms  
☐ Neutralizers  
☐ Vapor Scrubber

c) Communication Equipment

- ☐ Portable Radios  
☒ Telephones  
☐ Pagers  
☐ Other

6. Describe where emergency equipment is located.

Indicate an individual to inspect the equipment and make sure supplies are adequate.


Indicate how often inspections are conducted - i.e., weekly or monthly.

Check off the personal protective equipment which you have on site.

Check off the spill control equipment that you have on site.

Check off the communication equipment that you have on site.

# EMERGENCY RESPONSE PLAN

INS. ACTIONS 

<p>1. Emergency Coordinator:          Name: <u>Dr. Paul Lovoi</u>          Address: <u>49000 Milmont Drive</u>  <u>Fremont, CA</u>          Telephone No. <u>510.580.2900</u>          (Business hours)          Telephone No. <u>408.996.8538</u>          (After Business hours)</p> <p>Alternate:          Name: <u>Vaciliki Papademetriou</u>          Address: <u>49000 Milmont Drive</u>  <u>Fremont, CA</u>          Telephone No. <u>510.580.2901</u>          (Business hours)          Telephone No. <u>408.735.8781</u>          (After Business hours)</p>	<p>1. List the names and telephone numbers of at least two individuals to notify in case of an emergency involving hazardous materials at this facility.</p> <p>These persons should be knowledgeable about the hazardous materials stored/used at the facility and have authority to make management decisions concerning clean up expenditures.</p>
<p>2. Do you have a written emergency response plan?          Yes _____ No <u>X</u></p>	<p>2. If you do not, you can use the following as your plan. If you have a written plan it should include the following:</p>
<p>3. Notification:</p> <p>a) Priority contact          Fire/Police/Ambulance - 911</p> <p>b) CA State Office of Emergency Services 1-800-852-7550</p> <p>c) Other Agencies, Spill Response Companies and Phone numbers          Safety-Kleen: 510.615.1997  <u>For major spill clean up</u>  <u>Poison Control Center:</u>  <u>408.299.5112</u></p> <p>d) Nearest Medical Facility          Name, Address and Phone No.  <u>Washington Hospital</u>  <u>2000 Mowry Avenue</u>  <u>Fremont, CA 94538</u>  <u>510.797.1111</u></p>	<p>3. Priority Numbers -</p> <p>a) Police/Fire (911) for any kind of an emergency.</p> <p>b) Spill Number - If you have a release or threatened release of hazardous materials which may impact human health or the environment, you are also required to notify the CA State Office of Emergency Services.</p> <p>c) Other Numbers - Identify other Agency numbers (i.e., Fish and Game, Waste water treatment plant, Regional Water Board) and also spill response company numbers that can be contacted in case of an emergency.</p> <p>d) Nearest Medical Facility - Identify the name, address and phone number of nearest medical facility.</p>
<p>4. Areas/equipment identified to be inspected immediately after an earthquake:</p> <p>_____</p> <p>_____</p> <p><u>All Lab Equipment,</u></p> <p><u>Storage Gas Meter</u></p>	<p>4. Identify the areas and/or mechanical equipment or other systems that could require immediate inspection or isolation because of their vulnerability to earthquake related ground motion.</p>

## Employee Training Plan

All facilities which handle hazardous materials must have a written employee training plan. The form below is provided if you do not already have such a plan; if you already have a training plan, you may attach it instead.

Check all boxes that apply. *NOTE: Items marked with an asterisk (\*) are required.*

### 1. Personnel are trained in the following procedures:

- ☒ Internal alarm/notification \*
- ☒ Evacuation/re-entry procedures & assembly point locations\*
- ☐ Emergency incident reporting
- ☐ External emergency response organization notification
- ☐ Location(s) and contents of Emergency Response/Contingency Plan
- ☐ Facility evacuation drills, which are conducted at least (specify) . (e.g. "Quarterly", etc.)

### 2. Chemical Handlers are additionally trained in the following:

- ☒ Safe methods for handling and storage of hazardous materials \*
- ☒ Location(s) and proper use of fire and spill control equipment
- ☒ Spill procedures/emergency procedures
- ☒ Proper use of personal protective equipment \*
- ☒ Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption) \*
- ☒ Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.) \*

### 3. Emergency Response Team Members are capable of and engaged in the following:

- ☐ Personnel rescue procedures
- ☒ Shutdown of operations
- ☒ Liaison with responding agencies
- ☒ Use, maintenance, and replacement of emergency response equipment
- ☒ Refresher training, which is provided at least annually \*
- ☐ Emergency response drills, which are conducted at least (specify) . (e.g. "Quarterly", etc.)

## Recordkeeping

All facilities which handle hazardous materials must maintain records of their management and describe that recordkeeping as part of this plan. The form below is provided to document records which are kept at the facility.

Check all boxes that apply. *NOTE: Items marked with an asterisk (\*) are required.*

- ☒ Current employees' training records (to be retained until closure of the facility) \*
- ☒ Former employees' training records (to be retained at least three years after termination of employment) \*
- ☒ Training Program(s) (i.e. written description of introductory and continuing training) \*
- ☒ Current copy of this Emergency Response/Contingency Plan \*
- ☒ Record of recordable/reportable hazardous material/waste releases \*
- ☒ Record of hazardous material/waste storage area inspections \*
- ☐ Record of hazardous waste tank daily inspections \*
- ☐ Description and documentation of facility emergency response drills

*Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.*

## Facility Inspection Logs

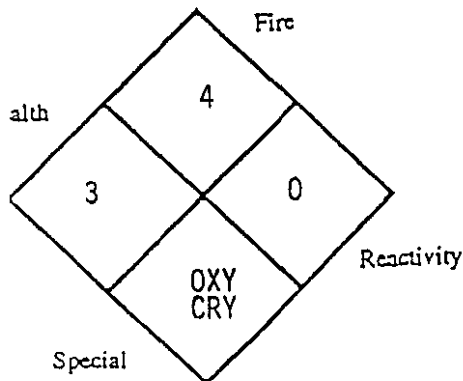
Check the appropriate box:

- ☒ We will use the "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
- ☐ We will use our own documents to record inspections. (A blank copy of each document used must be attached to this HMBP.)

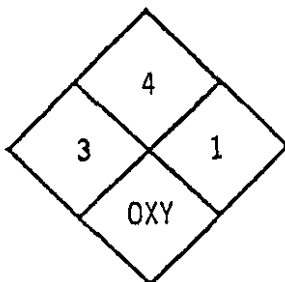
# Placarding and Labeling

outside of the facility and any areas where a significant chemical hazard is present must be placarded per the NFPA 704(m) standard. This is a numerical coding for health, fire, reactivity, and special hazards. The Facility Placard, representing the aggregate hazards present in the facility must be posted at entrances or where it will be seen by arriving emergency responders. A guidance document on NFPA 704(m) is available from the Fremont Fire Department.

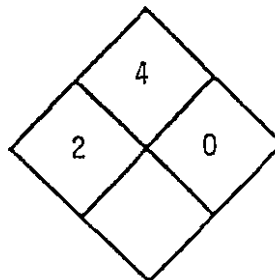
## Facility Placard:



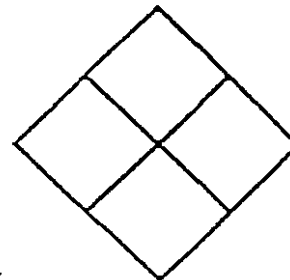
Subdivision Placards: If required, show placarding for other storage areas. Use additional pages if needed.



Lab. Area  
Location



Compressed Gas  
Location  
Storage Area



Location

Labeling: Labeling is required on all drums, containers and equipment used in conjunction with hazardous materials or waste. Check the kinds of equipment present in this facility and verify that proper labels are in place:

☐ Tanks ☒ Containers ☒ Process Equipment ☒ Piping ☒ Empties ☐ Control Valves

## Material Safety Data Sheets

Material Safety Data Sheets may be obtained from product suppliers. A MSDS for every reported material at the facility must be on site at all times. In the space below, describe a location in at the facility where Material Safety Data Sheets are located.

Location of MSDS file, folder or binder: Yellow Binders Labeled "MSDS"

## Facility Closure

Facility Closure Plan must be submitted to the Fremont Fire Department **AT LEAST 30 DAYS PRIOR** to the termination of storage or use of hazardous materials. Check the items below to indicate they will be addressed in the plan. Sign and date below to acknowledge that a copy of this form will be sent to the property owner or property manager if the property is not owned by the facility.

The closure plan will include:

- ☒ Agencies that will be contacted
- ☐ Sampling and analysis activities
- ☒ Equipment and facility decontamination procedures
- ☒ Disposition of all hazardous materials and wastes
- ☐ Intent to include copies of all hazardous waste manifests, bills of sale and/or bills of lading documents
- ☒ Intent to arrange a follow-up inspection
- ☒ Intent to file a post-closure report within 30 days of completion of closure activities

Sign here: [Signature]

Title: President KEO

Date: 3/30/01

Facility name: Xoff microTube, Inc.

Address: 49000 Milmont Dr.



a Certified Unified Program Agency  
**Fremont Fire Department**  
 39100 Liberty Street  
 Fremont, CA 94538

Hazardous

# MATERIALS

## Inventory Statement

Spread Sheet Version of OES form 2731  
 Fill out separate pages for each storage/use area

Facility Name: Xoft Microtube, Inc  
 Address: 49000 Mt. Diablo Drive  
 Facility ID# 009-  
 Date: \_\_\_\_\_ Page    of     
 Area Name: Outside Storage

Hazard Class Use codes below. (210 & 212)	Common Name or Trade Name (207)	Chemical Name (If Trade Secret, see instruction sheet for additional requirements) (205, 225)	C.A.S. # (223)	EHS? Y or N (228, 224)	Pure or Mixture? (211)	Solid, Liquid or Gas? (214)	Federal Haz. Cat. Use codes below. (216)	Days on Site (222) A=365	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs, Gal, or Qt. R. (221)	Storage Container Use codes below (223)	Storage Pressure Use codes below (224)	Storage Temp. Use codes below (225)	NFPA 704 HAZARD WARNING		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
F.G.	Hydrogen	Hydrogen	1333-74-0	N	P	Gas	P	A	255	2600	2000	Cu. Ft.	CY	G	A	2	4	0
CRY	Nitrogen (liquid)	Nitrogen	7727-37-9	N	P	Liq	A	A	1500	1500	1000	Gal	CY	G	L	2	0	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; FS=flammable solid; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR=pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive (Include # curies); IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic; Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard  
 Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; TB=tote bin; TW=tank wagon; RC=rail car Columns 15 & 16 (223 & 224): A=ambient; G=greater; L=lower

Disclaimer: This form was developed by the CUPA as an alternative version of the Unified Program Consolidated Form (UPCF). Businesses have the option to use it or the UPCF adopted in state regulations. The CUPA must accept the state UPCF and cannot require a business to use the alternate version developed by the CUPA. The CUPA can require businesses to provide additional information on either the UPCF or a supplemental page to that document.



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Fremont Fire Department  
39100 Liberty Street  
Fremont, CA 94538

# Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731  
Fill out separate pages for each storage/use area

Facility Name: Xo1, micro, inc.  
Address: 49000 Milmont Drive  
Facility ID# 009-  
Date: \_\_\_\_\_ Page    of     
Area Name: Lab Area

Hazard Class Use codes below, (210 & 212)	Common Name or Trade Name (207)	Chemical Name (If Trade Secret, see instruction sheet for additional requirements) (205, 225)	C.A.S. # (228)	EHF? Y or N (229, 224)	Pure or Mixture? (211)	Solid, Liquid or Gas? (214)	Federal Haz. Cat. Use codes below (216)	Days on Site (222) A=365	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs, Gal. or CU Ft. (221)	Storage Container Use codes below (223)	Storage Pressure Use codes below (224)	Storage Temp. Use codes below (225)	NFPA 704 HAZARD WARNING		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
NFG	Argon (Gas)	Argon	7440-37-1	N	P	Gas	P	A	255	765	510	Cu. Ft.	CY	G	A	0	0	0
CRY	Argon (liquid)	Argon	7440-37-1	N	P	Liq	A	A	42	42	30	Gal	CY	A	L	3	0	0
FG	Hydrogen	Hydrogen	1333-74-0	N	P	Gas	F, P	A	255	765	765	Cu. Ft.	CY	G	A	0	4	0
NFG	Helium	Helium	7440-59-7	N	P	Gas	P	A	255	765	765	Cu. Ft.	CY	G	A	0	0	0
NFG	Nitrogen (gas)	Nitrogen	7727-37-9	N	P	Gas	P	A	255	765	765	Cu. Ft.	CY	G	A	1	1	0
IRR	Titanium Dioxide	Titanium Dioxide	13463	N	P	Sol	--	A	10	10	10	Lbs.	PD	A	A	2	0	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; FS=flammable solid; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR=pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive (include # curies); IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic  
Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard  
Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; DG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; TB=tote bin; TW=tank wagon; RC=rail car  
Columns 15 & 16 (223 & 224): A=ambient; G=greater; L=lower  
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a Certified Unified Program Agency  
**Fremont Fire Department**  
 39100 Liberty Street  
 Fremont, CA 94538

# MATERIALS

## Inventory Statement

Spread Sheet Version of OES form 2731  
 Fill out separate pages for each storage/use area

Facility Name: Soft Micro Tube, Inc.  
 Address: \_\_\_\_\_  
 Facility ID# 009- \_\_\_\_\_  
 Date: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_  
 Area Name: Lab Area

Hazard Class Use codes below (210 & 212)	Common Name or Trade Name (207)	Chemical Name (If Trade Secret, see instruction sheet for additional requirements) (205, 225)	C.A.S.# (228)	EHS? Y or N (228, 224)	Pure or Mixture? (211)	Solid, Liquid or Gas? (214)	Federal Haz. Cat. Use codes below (216)	Days on Site (222) A=365	Largest Container (215)	Max. Amount (219)	Avg. Amount (217)	Units: Lbs, Gal, or CU Ft (221)	Storage Container Use codes below (223)	Storage Pressure Use codes below (224)	Storage Temp. Use codes below (225)	NFPA 704 HAZARD WARNING		
																Health	Fire	Reactivity
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
IRR	Titanium Oxide	Titanium Oxide	1346-67-77	N	P	Sol	--	A	10	10	10	Lbs	PD	A	A	2	0	0
IRR	Zirconium Oxide	Zirconium Oxide	1314-23-4	N	P	Sol	--	A	2	2	2	Lbs	GB	A	A	1	0	0
IRR	Antimony Oxide	Antimony Oxide	1309-64-4	N	P	Sol	C	A	2	2	2	Lbs	GB	A	A	2	0	0
IRR	Cupric Oxide	Cupric Oxide	1317-38-0	N	P	Sol	C, A	A	2	2	2	Lbs	GB	A	A	1	0	0
OHH	Silver	Silver Metal	7440-22-4	N	P	Sol	C	A	2	2	2	Lbs	GB	A	A	2	0	0
FL	Petroleum Distillates	Petroleum	64772-88-7	N	P	Liq	F	A	5	5	5	Gal	GB	A	A	1	4	0
IRR	Glycine	Glycine, 1,2, Ethanedithiolbis	64-02-8	N	P	Liq	F	A	1	1	1	Gal	PB	A	A	1	1	0
COR	Benzenesulfonic Acid	Benzenesulfonic Acid	26447-109	N	P	A, R	A	A	1	1	1	Gal	PB	A	A	2	0	2
TOX	Ammonium Salt	Dimethyl-, Ammonium	-----	N	P	Liq	A, C	A	1	1	1	Lbs	PB	A	A	1	1	1
FL	-----	Aliphatic Hydro- Carbon	64742-48 -9	N	P	Liq	F, C	A	1	1	1	Gal	PB	A	A	2	3	0
FL	Propane	-----	-----	N	P	Liq	F, P	A	5	5	5	Gal	CY	A	A	1	4	0

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; FS=flammable solid; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR=pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive (include # curies); IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic  
 Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard

Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; TB=tote bin; TW=tank wagon; RC=rail car  
 Columns 15 & 16 (223 & 224): A=ambient; G=greater; L=lower

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# Hazardous MATERIALS Inventory Statement

Spread Sheet Version of OES form 2731  
Fill out separate pages for each storage/use area

Facility Name: Xoft microTube, Inc.  
Address: 4900 Milmont Drive  
Facility ID# 009-  
Date: Page of  
Area Name: Lab Area

Hazard Class Use codes below (210 & 212)	Common Name or Trade Name (207)	Chemical Name (If Trade Secret, see instruction sheet for additional requirements) (205, 225)	C.A.S.# (228)	EH&S? Y or N (225, 224)	Pure or Mixture? (211)	Solid, Liquid or Gas? (214)	Federal Haz. Cat. Use codes below (216)	Days on Site (222) A=365	Largest Container (215)	Max. Amount (218)	Avg. Amount (217)	Units: Lbs, Gal, or Cu Ft (221)	Storage Container Use codes below (223)	Storage Pressure Use codes below (224)	Storage Temp. Use codes below (226)	NFPA 704 HAZARD WARNING		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
TOX	Ethylene Glycol	Ethylene Glycol	107-21-1	N	P	Liq	A, F	A	0.25	0.25	0.25	Gal	PB	A	A	3	0	
CL	Monobutyl Ether	2- Butoxyethanol	111-76-2	N	P	Liq	F, C	A	0.25	0.25	0.25	Gal	PB	A	A	2	2	
FL	Methyl Alcohol	Methanol	67-56-1	N	P	Liq	F	A	5	5	5	Gal	PB	A	A	1	4	
OHH	Bisphenol A	Bisphenol A	025068 - 58-6	N	P	Liq	F	A	0.125	0.125	0.125	Gal	PB	A	A	1	1	
OHH	Triethylenetetramine	triethylenetetramine	112-24-3	N	P	Liq	A	A	0.125	0.125	0.125	Gal	PB	A	A	2	1	
OHH	Lead Oxide	Lead Oxide	1317-36-8	N	P	Sol	R, C	A	5	5	5	Lbs	PB	A	A	2	0	
OHH	Zinc Oxide	Zinc Oxide	1314-13-2	N	P	Sol	C	A	2	2	2	Lbs	GB	A	A	1	0	
IRR	Boron Oxide	Boron Oxide	1303-86-2	N	P	Sol		A	2	2	2	Lbs	GB	A	A	1	0	
OHH	Silicon Dioxide	Silicon Dioxide	7361-86-9	N	P	Sol	A, C	A	5	5	5	Lbs	GB	A	A	2	0	
OHH	Barium Oxide	Barium Oxide	1304-28-5	N	P	Sol	C, A	A	1	1	1	Lbs	GB	A	A	2	0	
IRR	Magnesium Oxide	Magnesium Oxide	1309-48-4	N	P	Sol	--	A	1	1	1	Lbs	GB	A	A	1	0	
IRR	Aluminium Oxide	Aluminium Oxide	1344-28-1	N	P	Sol	--	A	20	20	20	Lbs	PD	A	A	1	0	
IRR	Calcium Oxide	Calcium Oxide	1305-78-8	N	P	Sol	A	A	10	10	10	Lbs	PD	A	A	2	0	

Column 1 (210) (212) use all that apply: EX=explosive; FS=flammable solid; FL=flammable liquid; CL=combustible liquid; NFG=nonflammable gas; FS=flammable solid; W=water reactive; UR=unstable reactive; OX=oxidizer; OPX=organic peroxide; PYR=pyrophoric; CRY=cryogenic; COR=corrosive; RAD=radioactive (Include # curies); IRR=irritant; OHH=other health hazard; TOX=toxic; HTOX=highly toxic; Column 8 (216) use all that apply: A=acute health hazard; C=chronic health hazard; F=fire hazard; R=reactive hazard; P=pressure release hazard  
Column 14 (223): AT=aboveground tank; UT=underground tank; TB=tank in building; SD=steel drum; PD=plastic drum; CN=can; CB=carboy; SI=silo; FD=fiber drum; BG=bag; BX=box; CY=cylinder; GB=glass bottle; PB=plastic bottle; TB=tote bin; TW=tank wagon; RC=rail car  
Columns 15 & 16 (223 & 224): A=ambient; G=greater; L=lower

Disclaimer: This form was developed by the CUPA as an alternative version of the Unified Program Consolidated Form (UPCF). Businesses have the option to use it or the UPCF adopted in state regulations. The CUPA must accept the state UPCF and cannot require a business to use the alternate version developed by the CUPA. The CUPA can require businesses to provide additional information on either the UPCF or a supplemental page to that document.

ATTACHMENT TO THE BUSINESS OWNER/OPERATOR UNIFIED PROGRAM CONSOLIDATED FORM  
FREMONT FIRE DEPARTMENT  
PROPERTY OWNER IDENTIFICATION FORM

SITE IDENTIFICATION

CITY ID#

0 1 0 0 0

FILING DATE OF THIS FORM

March 20, 2001

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

Xoft .microTube, Inc.

BUSINESS PHONE

510-580-2900

BUSINESS SITE ADDRESS

49000 Milmont Drive

CITY

Fremont

CA

ZIP CODE

94538

PROPERTY OWNER

OWNER NAME (USE CORPORATE NAME, IF APPLICABLE, AND COMPLETE CONTACT SECTION)

Aetna Life Insurance Company

OWNER PHONE

415.538.4800

OWNER MAILING ADDRESS

C/O UBS Realty Investors, LLC, 455 Market Street, Suite # 1540

CITY

San Francisco

STATE

CA

ZIP CODE

94105

PROPERTY OWNER CONTACT (FOR CORPORATIONS)

CONTACT NAME

CONTACT PHONE

CONTACT MAILING ADDRESS

CITY

STATE

ZIP CODE

PROPERTY OWNER EMERGENCY CONTACT

NAME

TITLE

Asset Manager, Britania Research and Development Park

BUSINESS PHONE

415.538.4800

24-HOUR PHONE

415.538.4800

PAGER #

Please use this form to report property ownership (and property management contacts, if applicable) for the database. This form need only be completed on the first HMBP submittal, when property ownership or property management changes, or upon special request by this Department.

**UNITED PROGRAM CONSOLIDATED FOR  
FREMONT FIRE DEPARTMENT  
BUSINESS ACTIVITIES FORM**

**I. FACILITY IDENTIFICATION**

Page 1 of

FACILITY ID #	0	1	0	0	0							EPA ID # (Hazardous Waste Only)
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BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)

Xoft microTube, Inc.,

**II. ACTIVITIES DECLARATION**

**NOTE: If you check YES to any part of this list,  
please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility...	If Yes, please complete these pages of the UPCF...	
<b>A. HAZARDOUS MATERIALS</b>		
Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases include liquids in ASTs and USTs);	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4A	HAZARDOUS MATERIALS INVENTORY - (OES 2731)
Exceed the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B;	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4B	FACILITY IS SUBJECT TO CAL-ARP A RMP meeting State and Federal requirements shall be submitted to the ACDEH
Handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4C	Submit copy of ER Plan to ACDEH
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b>		
Own or operate underground storage tanks?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 5	UST FACILITY (Formerly SWRCB Form A)
Intend to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6	UST TANK (one page per tank) (Formerly Form B)
		UST FACILITY
		UST TANK (one per tank)
		UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	UST TANK (closure portion -one page per tank)
<b>ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b>		
Own or operate ASTs above these thresholds: --any tank capacity is greater than 660 gallons, or --the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAs
<b>HAZARDOUS WASTE</b>		
Generate hazardous waste?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9	Contact ACDEH- HMBP may be required
Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10	RECYCLABLE MATERIALS REPORT (one per recycler)
Treat hazardous waste on site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11	ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772)
		ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)
Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1237)
Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
<b>LOCAL REQUIREMENTS</b>		
Annual submittal pursuant to Federal EPCRA requirements?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15	BUSINESS OWNER/OPERATOR (OES 2730)
Is the property owned by an entity other than the business owner?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 16	HAZARDOUS MATERIALS INVENTORY/ CHEMICAL DESCRIPTION (OES 2731) PROPERTY OWNER IDENTIFICATION FORM

## BUSINESS OWNER/OPERATOR IDENTIFICATION FORM

## I. IDENTIFICATION

FACILITY ID#	01000	BEGINNING DATE 7/1/2000 <del>OCTOBER 31, 2000</del>	ENDING DATE 2/15/2001
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) Xoft microTube, Inc.		BUSINESS PHONE (510) 580-2900	
BUSINESS SITE ADDRESS 49000 Milmont Drive			
Fremont		CA	ZIP CODE 94538
M & BRADSTREET		SIC CODE (4 digit #)	
16-089-5962			
COUNTY Alameda			
BUSINESS OPERATOR NAME Dr. Paul Iovoi		BUSINESS OPERATOR PHONE 510.580.2900	

## II. BUSINESS OWNER

OWNER NAME		111	OWNER PHONE		112
Dr. Paul Lovoi			510.580.2900		
OWNER MAILING ADDRESS					
4900 Milmont Drive					
114		STATE		115	ZIP CODE
Fremont		CA			94538
116					

### III. ENVIRONMENTAL CONTACT

CONTACT NAME		CONTACT PHONE	
Dr. Paul Lovo		510.580.2900	
CONTACT MAILING ADDRESS			
49000 Milmont Drive			
CITY	STATE	ZIP CODE	
Fremont	CA	94538	

#### IV. EMERGENCY CONTACTS

-PRIMARY-		IV. EMERGENCY CONTACTS		-SECONDARY-	
TITLE	123	NAME	123		
Dr. Paul Lovoi		Vaciliki Papademetriou			
TITLE	124	TITLE	129		
President, CEO		Office Manager			
BUSINESS PHONE	125	BUSINESS PHONE	130		
510.580.2900		510.580.2901			
24-HOUR PHONE	126	24-HOUR PHONE	131		
408.996.8538		408.735.8781			
PAGER #	127	PAGER #	132		

## OPTIONAL LOCALLY COLLECTED INFORMATION

- ( ) check here if this form is the annual submittal pursuant to Federal EPRCA requirements  
( ) check here if this form is accompanied by new or modified Hazardous Materials Inventory-Chemical Description page(s)  
( ) check here if this form is accompanied by a new or modified Business Activity form

Verification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined the information and am familiar with the information provided and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER, OPERATOR, OR DESIGNATED REPRESENTATIVE	DATE 3/30/01	NAME OF DOCUMENT PREPARER Forrest Cook	135
NAME OF SIGNER (print) Paul Lovoi	136	TITLE OF SIGNER President + CEO	137

ACCEPTABLE TO  
FREMONT FIRE DEPT.  
BY D. J. [Signature]  
DATE 4/2/01

DEF FORM 2730 (1/99)

